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EXPERIMENTAL TRIALS

ON THE EFFICACY OF

REPEATED PURGATIVES

IN

TYPHUS FEVER.

HAMILTON, of Edinburgh, was, we believe, the first physician who insisted on the efficacy of purgative medicines as a principal means of cure in typhus fever. His doctrine has been adopted by many practitioners; but by others, and particularly by the French, it has been combated as a method which is incompatible with the pathology of that affection. In order to afford means for deciding this question, important for the value of the truth which affirmative decision may establish, and interesting from the degree of attention which the subject has so long excited, M. Piedagnel undertook a series of experiments at the *Hotel Dieu*, which were calculated to develop an answer to it, and he certainly has conducted them in a manner which is well designed for determining the true value of the purgative method. All the typhoid fever cases which he treated, were, without any distinction of symptoms, period of the disease, &c., submitted to the action of purgatives during *the same season*. The number of patients experimented on was large, and no other active remedies, such as bleeding and leeches, were applied, these being avoided in order that the result might be as possitive as possible. We now present our readers with an analysis of the paper on this subject, which M. Piedagnel has published in the 13th No. of the French *Gazette Médicale*, the paper having been read at the Academy of Medicine on the 24th of March.

The author distinguishes four kinds of typhus fever, viz.,

1st, Simple typhus.

2nd, Adynamic typhoid fever; to the common symptoms are superadded those arising from a considerable alteration of the intestinal canal, consisting in numerous ulcerations of the mucous membrane: here the abdominal affection becomes prominent, and the patient at the end falls into a state of adynamia.

3rd. Ataxic typhus: here the cerebral symptoms predominate; there is a peculiar delirium, pain in the head; the senses are more or less perverted, and the muscles contract, &c.

4th. Putrid typhus (fievre typhoide foudroyante): this form can only be likened to the effects of poisoning; in three or four days the patient dies, and the autopsy does not reveal any organic alteration.

Such are the very different forms of typhus fever which M. Piedagnel has submitted to the following treatment.

On the day after the patient's reception into the *Hotel Dieu*, purgatives were immediately administered, when the symptoms were severe; if not, he was allowed to remain quiet for one or two days. When the treatment was commenced a purgative was given every day, or every second day, according to circumstances. The patient took for drink, water sweetened with sirup of currants, and his diet consisted of three *bouillons* (weak broth) per day. This regimen was invariably pursued; and the modifications of the treatment were very simple. Thus when a patient went naturally to stool, a slight purgative only was administered. In cases where a gentle purgative produced no effect, a stronger one was immediately given. The rumbling sound of the bowels, and particularly the appearance of meteorismus, were an indication for the employment of purgatives still more energetic. These means usually produced six

to ten stools in the twenty-four hours. In some cases the patients were purged only once or twice during the whole course of the disease; in others ten or twelve times; but in general three or four purgative doses were sufficient. The state of the abdomen never furnished any contra-indication; thus a severe pain in some one point of the abdomen generally yielded to the first or second purgative, and never resisted the third. The purgative medicines employed were, Eau de Seidlitz, from two glasses to one or two bottles; a solution of one or two ounces of Epsom salts; castor oil; calomel; and croton oil.

On comparing the results obtained by M. Piedagnel with those obtained in the different hospitals of Paris, they certainly present a very favourable aspect.

From the 1st of June 1834 to the 1st of March 1835, no less than 134 cases of typhus fever were treated by the author at the *Hotel Dieu*, all exhibiting in a greater or less degree the peculiar expression of the face, state of the mouth, rales muqueux and sibilant, diarrhœa, pain of abdomen, petechiæ and sudamina, which distinguish that affection.

The cases may be arranged under the following categories:

1st. *Simple Typhus.*—69 cases. No death.
Mean duration of the disease 26½ days.
Mean duration of treatment 13½
Average number of purgatives 3½

2nd. *Adynamic Typhus.*—49 cases. Cured 39; dead, 10.
Mean duration of the disease 17½ days.
Mean duration of treatment 10½
Average number of purgatives 3

3rd. *Ataxic Typhus.*—16.—Cured, 7; died, 9.
Mean duration of the disease 29 days.
Mean duration of treatment 19
Average number of purgatives 6½

Hence in 134 cases, we find 115 cured, 19 dead, giving the proportion of mortality as 1 to $7\frac{3}{19}$ of the cases treated. But amongst the 19 deaths M. Piedagnel enumerates two which ought not strictly to be included; one, cured of the fever and on full diet for four days, was cut off by a double pneumonia; the other, also cured, contracted the small-pox, which terminated in death. If we abstract these two cases, the general mortality will be very nearly 1 to 8. For adynamic typhus the proportion is 1 to $4\frac{8}{19}$,—the author of the memoir says 1 to $3\frac{8}{19}$, but he is evidently mistaken. Finally, he enumerates amongst the ataxic cases, the only two examples of *fievre foudroyante* which presented themselves in the course of the year; hence in this severe form the cures and deaths may be accounted exactly equal.

Let us now compare these proportions with the result of the practice of MM. Chomel and Bouillaud at the *Hotel Dieu* and *La Charité*:—

Hotel Dieu.

	Patients.		Dead.	
In 1830	27	—	8	— 1 to 3.375
1831	56	—	16	— 1 to 3.5
1832	23	—	5	— 1 to 4.6
1833	30	—	10	— 1 to 3

At La Charité.

	Patients.		Dead.	
In 1834	31	—	5	— 1 to 6½

Thus in the practice of M. Chomel the mortality is as 1 to 3.4871794. In that of M. Bouillaud, or rather in the small number of cases reported by him, 1 to 6.2; and in that of M. Piedagnel as 1 to 7.052631578 947368421. (The decimal runs to this great length before it begins to repeat.)

Hence the author concludes that so far as regards the mortality, the treatment of typhus fever by purgatives is superior to any other practised at the present day; but it is extremely fatiguing for the patient, and requires extreme care on the part of the physician. The most frequent complications with which it may be reproached, are inflammations, which sometimes determine death; but, on the other hand, we very rarely find extensive gangrene, abscess, meteorismus, &c., and the convalescence is probably less prolonged.

In this analysis we have given every interesting fact presented to us by the author of the paper.

Presenting, week after week, as we are, almost without intermission, analyses or notices of such foreign memoirs as this and others contained in our present number for instance, British practitioners, who are thoroughly acquainted with the slothfulness of the medical officers in our own public charities, and with the paucity of useful and scientific information that issues from the great hospitals of England, would rend their garments with grief and vexation at the figure which this country makes in the arena of medicine, if they did not entertain a firm hope that such changes were at hand, as must convert those institu-

tions, from sullen caves of disease, into temples of knowledge and health. It is imposible to watch, unmoved by strong feelings, on the one hand of pleasure, and on the other of indignation, the continued evidences of talent, information, and industry, which are at work in the hospitals of the French metropolis and provinces, and the absence of those qualities, with rare exceptions, in our own. The contrast is more than melancholy, and so long as the practice *within* those institutions in Great Britain simply consists of means for enlarging profitable individual practice *without*, so long will they remain closed storehouses of human malady. Our hospitals must, ere long, be filled, on a new principle of election, by able practitioners, whose ample remuneration shall be derived from a direct and legitimate fund, and whose duties to the patients, to the profession, and to the students, will be fulfilled only by paying an undivided attention to the wants, bodily and mental, of those who are within their gates, and discriminately recording, for the public use, the facts which arise in the course of the hospital practice.

And here let us ask, and we put the question as a hint well worthy of attention in the fifty-two county towns of England, how much longer that monstrous iniquity—that practice worthy not even of the dark ages—is to be suffered to exist unreformed in our provincial hospitals and infirmaries *from within*, of excluding from admission to the hospital practice—the wards and the theatres—the unattached medical practitioners of the several towns in which those hospitals are situated. "*A word in season, how good it is.*"

To the Editor of THE LANCET.

ROYAL COLLEGE OF SURGEONS IN LONDON.—*Jacksonian Prize.*—The two prizes for the year 1834 have been adjudged to Mr. DICKENSON WEBSTER CROMPTON, of Temple-row, Birmingham, for a Dissertation on Injuries and Diseases of the Nose and of the Nasal Sinuses; and to Mr. THOMAS BLIZARD CURLING, of Saint Helen's-place, London, for a Dissertation on Tetanus.

EDMUND BELFOUR, Sec.

ON THE

DIAGNOSIS OF CASES

OF

ANEURYSM OF THE ARCH OF THE AORTA

OR OF THE

INNOMINATA.

By S. W. FEARN, *Esq.*, *Surgeon, Derby.*

IN the course of the last eight or ten years it has fallen to my lot to have brought under my notice several cases of aneurysm of the arch of the aorta or of the innominata, where the symptoms have been either very equivocal, or where there has been no suspicion of the real character of the disease, until it has been revealed by the dissecting knife. It is with the hope of facilitating the diagnosis in these cases, and of drawing the attention of my professional brethren to the subject, that I am induced to forward to THE LANCET a few brief and hasty remarks.

In furtherance of my object I cannot, I think, adopt a better course than narrate shortly the most striking features of a case which terminated fatally a few days ago, and which will serve as an exact type of several others I have witnessed.

Case.—A soldier of strong muscular frame, belonging to the 15th Hussars, about two months since presented himself at our surgery, to obtain a certificate for the extension of his furlough. He complained that for many weeks he had been suffering from difficulty of breathing, which was increased on making any sudden or violent exertion, or when lying low in bed. He had slight cough, and during respiration there was a *loud wheezing*, which could be heard at the distance of some yards. Upon making more careful examination with the stethoscope, this wheezing was distinctly made out to proceed from the lower part of the trachea, or its bifurcation. The respiratory murmur on both sides of the chest was natural. The pulse was full and strong; the sounds of the heart were natural, unaccompanied by *bruit*, and there was no *bruit* in the neighbourhood of any of the large vessels coming from the aorta. There was no observable tumour in the upper thoracic or supra-clavicular regions. The man stated, that about six months before, whilst making very violent exertion in fighting, he felt something give way in his chest, and from that time he dated his illness.

Here, then, were all the discoverable symptoms. However, from the loudness of the wheezing, and from its proceeding from so circumscribed a situation, I had little difficulty in at once determining that it was caused by the pressure of some tumour upon the trachea, which I considered most likely to turn out to be an aneurysm. I ordered the man to be immediately bled to eighteen ounces, and to have repeated doses of antimony and digitalis, at the same time enjoining strict rest, and an abstinence from animal food and stimulating liquors. He was for a while slightly relieved by the bleeding, but speedily relapsed into his former condition, when I recommended him to obtain admission into the Infirmary. This he did, and was placed under the care of Dr. Bent, by whose advice various remedial measures were adopted, and amongst the rest the ioduret of mercury was freely applied to the neck and upper part of the chest.

The Doctor, who is an expert stethoscopist, could discover nothing wrong in the circulatory organs, but considered, as I had done, that a tumour was pressing upon the respiratory tube, though he was disposed to think it more likely to be of a glandular character than any disease of the large vessels.

As might be expected in a such case, though the symptoms were at times slightly relieved, nothing like permanent benefit accrued from any plan of treatment. Accordingly the disease kept progressing; the difficulty of breathing became gradually more distressing, and he was at last suffocated by an accumulation of purulent matter in the trachea. A short time before his decease he expectorated an immense quantity of pus, which led to a belief that an abscess had burst into the windpipe. This notion was, however, falsified by the post-mortem appearances, which I here give.

Dissection.—In the post-mortem investigation our attention was confined to an examination of the neck and the contents of the thoracic cavity. The heart was of its natural size; its valves were in a healthy condition, and there was no unusual quantity of water in the pericardium. The lungs did not collapse when the chest was opened; the pleuritic covering of the right lung was larded over with recently effused lymph, by which it was adherent to the costal pleura: the whole organ was much solidified, and when cut into, presented a good example of the *gray hepatization*. There was much purulent matter in the trachea and bronchial tubes, and their lining membrane was reddened, soft, and thickened. At the fore part of the tube, half an inch from its bifurcation, the mucous membrane of the trachea, and its cartilaginous rings to the size of a sixpence, were destroyed by ulceration. The larynx was of healthy appearance. At the back part of the arch of the aorta, between the origins of the innominata and the left common carotid, the vessel had given way, forming an aneurysmal tumour, which pressed directly upon the trachea, in the situation of the ulceration just described. There was no trace of the innominata left, its place being occupied by another aneurysm, four inches in diameter, from the sac of which arose the right subclavian and common carotid. The bronchial glands were considerably enlarged, and, together with the tumour, obstructed a good deal the flow of blood to and from the lung.

Remarks.—In this and similar cases, where there is neither *bruit*, tumour, nor any appreciable disorder of the circulating organs, the only symptom, as far as I know, which can at all guide us in our diagnosis, is the peculiarity and loudness of the wheezing, taken in conjunction with the former habits of the patient and the general history of the case. If these points be carefully attended to, we shall, I think, in the majority of instances, be little liable to be led into error, though I fear, however much we may have determined as to the real nature of the disorder, there will at all times be a sufficient doubt attached to it, to deter us from any operative procedure, with a view to a radical cure. In this observation I of course refer to the mode of treating aneurysm by ligature of the diseased vessel on the distal side of the tumour, as recommended by Mr. Wardrop, and which, from cases already on record, affords at least some chance for recovery, where the innominata only is implicated.

It is, perhaps, well to observe, that in cases of the above description, the aneurysmal tumour may in general be expected to arise either from the posterior wall of the aortal arch, or the innominata, or, in other words, to be so situated as to be most likely to exert a pressure upon the windpipe; for I consider it to be a law in aneurysm, that from whatever side of the vessel the tumour may proceed, in such direction will it have a tendency to advance; thus, when the disease originates in the forepart of the arch of the aorta, it will make its appearance through the sternum or cartilages of the ribs, and, on the other hand, when it arises from the posterior wall of the vessel, it will make its way either into the trachea, or the œsophagus, or it will produce absorption of the vertebral column.

In conclusion I may state, that the

same *loud wheezing* upon which I have laid so much stress, may arise from the pressure upon the trachea, of a bronchocele, enlarged bronchial glands, abscess, or, indeed, any kind of tumour, and that it is only by a careful attention to the concomitant circumstances, that we can pronounce an opinion, without considerable liability to error.

Derby, April 9, 1835.

LECTURE

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

A. T. THOMSON, M.D.,

Physician to the Hospital, and Professor of Materia Medica in the University of London.

POST-MORTEM EXAMINATION IN A CASE OF SMALL-POX.

GENTLEMEN,—A boy of the name of Twetts, who was under the care of Mr. LISTON, on account of a disease of the hip-joint, whose habit of body was strumous, and his constitution broken down by the above disease, was taken ill with an eruption, which turned out to be small-pox. He was placed under my care. The disease at first assumed a distinct and mild form, but by degrees it changed to that which has been denominated semiconfluent, and the fever acquired a typhoid character. He died on the 10th instant, exactly eleven days after the eruption appeared.

In general, the cause of death from small-pox, at this period of the eruption, is some affection of the larynx or the trachea, from the inflammatory action productive of the eruption extending to the air passages, and muco-purulent matter forming in quantity sufficient to obstruct respiration, and prove fatal from suffocation, or what is termed variolous pneumonia. In this case, however, death seemed to have been the result of exhaustion, dependent on the low type which the fever had assumed, marked by coma and delirium. This condition of the nervous system is conjoined with the full confluent form of the pustules; nevertheless, as in this instance, it occasionally accompanies the semiconfluent form. The delirium in the termination of the disease is low and muttering, differing conspicuously from that which displays itself in the early stage of the confluent disease, and which exhibits much of the phrenitic character, the conjunctiva being diffused, the pupils contracted, and the countenance expressive of ferocity; whilst in that of the case under consideration, as is usual when exhaustion supervenes, it was low, muttering, and accompanied with great restlessness. From a table of the critical days in small-pox, drawn up from the records of the Small-pox Hospital, it appears that, with the exception of the eighth day, the eleventh, the day on which this poor boy died, is the most fatal; and considering the bad habit of body of the patient, and the nature of the disease under which he previously laboured, with the type of the fever, it is rather remarkable that he passed over the eighth day, than that he died on the eleventh. His death afforded us an opportunity of examining the accuracy of the disputed opinion respecting the specific inflammation of small-pox attacking the first passages.

The pustules were very numerous on every part of the skin, and confluent on many places; the natural conclusion, therefore, might have been, that we should find many in the trachea. This, however, was not the case; in the trachea two pustules only were discovered, and none that could be distinctly regarded as small-pox pustules were found in the secondary or small air-tubes. The mucous membrane was throughout very vascular, and some portions of the lungs were slightly infiltrated with a muco-purulent matter. Not the smallest vestige of pustules was perceptible in the œsophagus or in the stomach, and although two groups of five or six red papillæ were discovered in the jejunum, yet I do not feel authorized to declare, that these were pustules; and I should rather affirm, that the abdominal viscera were wholly free from every trace of the disease. Peyer's glands were healthy, and there was not more vascularity than is usually perceived in the viscera in fatal cases of ordinary fever. This fact accords with the observations made at the Small-Pox Hospital, where variolous pustules have never been detected in the mucous membrane of the intestinal canal; and the post-mortem may therefore be regarded as another demonstration of the accuracy of the observations of COTUNIUS, who wrote a work "De Variolarum Sedibus," that small-pox pustules are never found except in the skin, and the mucous membrane of the air passages immediately connected with it; and it also confirms another observation which has frequently presented itself to my notice, and which deserves attention, namely, that the extent or degree of inflammation of the mu-

cous surface is by no means always proportioned to that of the cutaneous.

CHARACTERISTICS OF THE EXPECTORATED MATTER IN PULMONARY DISEASES.

The numerous cases of phthisis and other affections of the lungs that have crowded our wards, have necessarily directed our attention to the daily examination of the sputa; and on this account I am of opinion, that a few remarks upon the mechanical and visible appearances that characterize it in different diseases may prove useful to you, gentlemen, in directing your attention more particularly than is usual to that feature of pulmonary disease. I shall say little of the chemical nature of these discharges, as the experience of late years has fully demonstrated that no aid can be derived from a knowledge of that in a therapeutical point of view.

In cases of acute bronchitis, such as you have lately seen several instances of in the hospital, the sputa, in the acute stage of the disease, is nearly colourless, transparent, and scarcely so viscid as the raw albumen of an egg diluted with four or five parts of water, and beat into a froth. It has, usually, a saltish taste, and this and its viscidity are generally greater in the ratio of the degree of the inflammation of the mucous membrane. Occasionally it is streaked with blood, but this not unfrequently proceeds from the tonsils or the velum palati, caused by the effort of coughing. The same appearance of the sputa is observed in pleurisy, when cough is present, which is not often the case; and, when it is different, or more abundant, there is reason to suspect that the inflammation of the serous membrane is complicated with pneumonia, or, as is more frequently the case, with bronchitis. The change from the transparent to the opaque pearly state of the sputa, or to that of yellow or dirty-greenish colour, such as you will now perceive in the expectoration of Heddeman, and which is more easily expectorated, and in distinct pellets, is an indication that the inflammation is either on the decline or over; and this is not less to be relied upon even although it may again acquire a glairy character in the evening; for, until convalescence is firmly established, there is always more or less of an evening exacerbation of fever sufficient to cause this change, which again disappears on the following morning, when no relapse of the inflammation occurs. It is scarcely requisite for me to remark the importance of observing these changes in the sputa in bronchitic inflammation, as, in conjunction with the state of the pulse, and the presence or absence of the sibilant rhonchus, they enable us to form a correct opinion of the condition of the mucous membrane, and consequently to guide us in the administration of remedies. These characteristics of the sputa in acute bronchitis are not altered by the existence of asthma; the thick opaque masses expectorated in the ordinary paroxysms of humoral asthma, disappear, and are replaced by the true bronchitic sputa. This must not, however, be confounded with the copious watery expectoration that frequently accompanies this variety of asthma. It is at once recognised by the large proportion of albumen which it contains, being readily coagulated on heating a portion of it in a spoon over the flame of a candle. In what is termed dry catarrh by LAENNEC, the true spasmodic asthma of nosologists, the expectorated matter consists of tough, dirty, or dark-gray pellets, that require, often, severe and long-continued paroxysms of coughing to loosen them. These are, also, sometimes found in the humoral form of the disease, with the fluid sputa already described, and, from their greater specific gravity, generally lying at the bottom of it. In very severe attacks of this description, and even in common bronchitis, when the inflammation runs high, although no ulceration exist, the sputa assumes a purulent character; an appearance, however, which, in the majority of the cases which you may have to treat, you will find merely to indicate a higher than ordinary degree of inflammation, or an aggravated form of the disease.

When the parenchyma of the lungs is affected, as in pneumonia, the expectorated matter, when any is present, in the first stage, is that of acute bronchitis; but this rarely continues beyond the second day of the attack, after which the sputa acquires a reddish-yellow, or a rust hue, and great tenacity, running generally into a mass, in which air bubbles, if any be present, are retained. The colour sometimes varies to a greenish-yellow, or a deep orange, as if the mucus had been mixed with bile, but, in truth, proceeding from a greater or less admixture of blood. At first the viscosity is not more than is necessary to make it stringy, as it is poured from one vessel into another; but as the disease acquires violence, it becomes at length so great as to permit the vessel to be inverted without its falling out. We are thus assisted in our diagnosis by the examination of the sputa, in determining, or rather confirming, the extent of the inflammation, pointed out by other symptoms; and, whilst the deep orange,

or dark-rusty viscid sputa, indicates that the inflammation is passing into a state of hepatization, its gradual return to a paler colour and a less viscid consistence equally denotes its gradual decline and resolution. When the expectoration becomes extremely difficult, and, from its retention, it impedes the respiratory function, the patient then begins to sink, the countenance becomes livid, and is bedewed with a cold clammy moisture; the character of the sputa at this time indicates a greatly altered state of the secretion; it is either of a dirty pituitous character, or it is semi-opaque and somewhat purulent, with streaks of blood; or it falls to the bottom of the vessel in round flat discs, or what are termed nummulary muco-purulent masses of a whitish-yellow hue. Sometimes, in the last effort to expectorate, when the breathing is little more than convulsive gaspings, the matter has a peculiar fetid odour. This change of the sputa in such a condition of the habit was strikingly illustrated in the case of Fitzgerald, one of the earliest cases of pneumonic inflammation which we had to treat after the opening of the hospital.

In phthisis, much stress in forming our diagnosis has been placed upon the character and visible aspect of the sputa. When first any expectoration appears, which is seldom until the disease has existed for some weeks, or, in some instances, even for months, the sputa are generally transparent and frothy, not differing in appearance from saliva. At this time the disease is apt to be confounded with and mistaken for that cough which occasionally accompanies irritation of the stomach, and has been consequently termed "stomach cough;" and also, at a later period of life, for a similar cough depending on the condition of the gastric organ also, which seems to originate in over-depletion, and which usually recurs in the morning. But, in both these cases, the mucus which is expectorated is more tenacious, and considerably less frothy, than that of incipient phthisis. The true phthisical expectoration, at this period of the disease, is more likely to be confounded with that of catarrh; but it is, at first, less stringy and tenacious, and it is only by degrees that it exhibits specks of opaque matter in it, changing to yellow or green, or sometimes ash colour, and which partly sink, and partly float in water, with small threads between the portions, and occasionally streaked with a little blood. As the disease proceeds, the ash-coloured masses become more numerous, but they are not present in every case; on the contrary, the whole expectorated matter consists of dirty, whitish, yellow, muco-purulent masses, which partly float and partly sink, and this often continues till a few days before death, when a dark, rusty-looking, fetid expectoration appears, and indicates the speedy dissolution of the patient.

We have had too many opportunities of illustrating these remarks; the sputa of Jervis displays still that appearance which characterizes the early stage, whilst that of the advanced stage is obvious in this specimen of the sputa of another patient; and the most perfect demonstration of the last was afforded in the case of a patient who died a few days after his admission into the hospital.

It was long regarded as a matter of much importance to ascertain the presence of pus in the sputa of phthisical patients, and many tests for this were proposed. Examined by the microscope, it was found to consist of minute globules, surrounded by a transparent fluid, and that these globules are thrown down when the pus is diluted with water. It was ascertained that the strong acids dissolve it, and ammonia produces the same effect; whilst, with the fixed alkalies, it forms a white ropy fluid readily decomposed by water. But this condition of pure pus is never expectorated; in sputa it is always much mixed with mucus.

Dr. Young proposed to distinguish pus from mucus in expectorated matter by an optical test—namely, by placing a small quantity of the sputa between two pieces of plate-glass, and holding it near the eye opposite to a distant candle. If the substance be simple mucus, no rings of colour will display them; if it consist of pus, a bright circular corona of colour will be seen, of which the candle is the centre, consisting of a red area surrounded by a circle of green, and this again by another circle of red; if it be a mixture of both, a reddish area only will appear. But besides this optical test, attempts were also made to distinguish the two by chemical reagents. That most depended upon at one time was proposed by Mr. Charles Darwin. It consisted in digesting the sputa in sulphuric acid, and then throwing the whole into water; the pus subsides to the bottom, and the mucus remains suspended in the water; but it was found that the addition of the sulphuric acid was unnecessary, and that the simple trituration of the suspected expectoration in a large quantity of distilled water is sufficient, the pus sinking to the bottom whilst the mucus floats. Another method proposed by a German, M. Grasmeyer, is to triturate sputa with an equal weight of water, and then to add an equal quantity of a saturated solution of carbonate of potassa;

if pus be present, a transparent jelly is formed in a few hours, but if this do not take place mucus only is the constituent. However ingenious and accurate these tests may be, they aid us very little in determining the true nature of pulmonary diseases, whilst the visible aspect of the sputa is all that is required, in addition to the knowledge afforded by the stethoscope, for forming a just prognosis. None of these means of testing the expectoration of the phthisical are now therefore employed, auscultation affording a much more certain method of determining the condition of the lungs. Something, however, is to be gained from the examination of the sputa. When the transparent frothy mucus is present, the rhonchus is generally mucous; and if, along with this, the resonance on percussion is irregular, the fate of the patient in phthisis may be regarded as almost certain, although, as long as this condition of the sputa continues, the tubercles may be judged to be solely of the miliary kind. On the other hand, when these soften and are evacuated, the expectorated matter displays fine whitish streaks, which are in fact portions of the softened tubercles; or, occasionally, they are seen scattered in the mucus-like grains of boiled rice. The striated state of the expectorated mass, especially when it is mixed with whitish fragments, may be regarded as peculiar to the sputa attending a tubercular condition of the lungs; and, as far as respects diagnosis, in conjunction with auscultation it certainly aids us greatly in forming our opinion of the real condition of the chest.

It has sometimes been contended that the extent of cavities in advanced phthisis may be conjectured from the quantity of the purulent expectoration. This is true, in some cases; those, for instance, in which the cavities communicate with the larger branches of the bronchial tubes, so that the pus is poured out freely in certain positions of the body. I have seen nearly a pint of it evacuated every morning in this manner, with scarcely any cough or any effort on the part of the patient. But this is not always the case; and abscesses may exist in several parts of the lungs, without any purulent character of the sputa; a rare state of things, certainly; but one that has occurred. At all events little information as to the extent of an abscess in the lungs can be derived from the quantity of the expectorated matter. The surface of the tuberculous excavations affords the sero-purulent matter: and experience has demonstrated that the power of secreting this does not depend on the extent of the ulcerated surface; but, nevertheless, the characters of the expectoration, in conjunction with the other symptoms, are useful in complicated cases, and in pointing out the changes that happen in the usual progress of the disease. They should be daily investigated, and if this be attentively done, they cannot fail to prove highly beneficial as diagnostic aids.

Acute Rheumatism.— *Demonstration of the Mode in which the Preparations of Colchicum prove useful.*

The number of cases of acute rheumatism which has been admitted within the last twelve days, has again turned our attention to this disease: but I shall now direct your notice merely to one of these cases, not because the symptoms have displayed any peculiarity, but because the rapidity of the relief which followed the operation of the colchicum upon the alimentary canal, affords me an opportunity of explaining my opinions of the manner in which this valuable remedy usually produces beneficial effects in rheumatic inflammation. It has been customary to refer these effects of colchicum to its sedative or narcotic powers; an opinion which my experience prevents me from adopting; but in dissenting from this view of the influence of colchicum, I am anxious that I shall not be misunderstood as attempting to deny that it possesses sedative powers; although I have never seen these adequate to the production of permanent relief from pain in acute rheumatism. If a full dose of the wine of the seeds of colchicum be administered after a moderate bleeding, it rarely fails to purge, and to maintain the reduction of the pulse caused by the abstraction of the blood. Under such circumstances it would be remarkable if there was no abatement of pain, if the system be brought under the influence of even a very moderate sedative. The purgative influence of the colchicum carries its sedative power, although weak, thus far, whilst it precludes the further employment of the lancet; and thus it seems to combine the advantages of purging, and the administration of narcotics. Now in taking this view of the influence of colchicum, I am convinced that it is never productive of much benefit in acute rheumatism, unless it purge freely. The evacuations are generally copious, liquid, and highly bilious, owing to the remedy, as a topical stimulant on the duodenum, exciting powerfully the orifices of the biliary duct, and causing a large flow of bile to the intestine, in the same manner as exciting the orifices of the salivary

ducts in the mouth not only empties those glands, but augments their secreting function. The purgative effects of colchicum are sometimes excessive, and the consequent debility is great; but I have seen twelve or fourteen copious watery stools produced by a full dose of the drug, without any obvious debility resulting. If the lancet be not previously employed, the excitement present in the habit seems to resist both the purgative and the sedative powers of colchicum; which, apparently, like those of some other remedies, require the habit to be brought into a certain condition before they can operate in a salutary manner. It is on this account that I almost invariably, as you must have observed, order my patients with acute rheumatism to be bled, and the bleeding to be followed by a dose of calomel, tartar emetic, and opium, before prescribing colchicum. If the patient be of a plethoric habit, f.ʒj or f.ʒiss of the wine of the seeds may be given for a dose, six or eight hours after the administration of the pill; and this dose is to be repeated once in six hours until it begin to purge, when either the repetition should be deferred for twelve hours, or, if the effect be powerful, the medicine should be altogether discontinued. If febrile symptoms recur, accompanied by pain, I have generally found the tartar emetic preferable to a return to full doses of the colchicum; but the influence of the antimonial is aided by small and frequently-repeated doses of the colchicum. On the contrary, if, as in John Allen's case, the pulse remains soft, regular and moderate in frequency; and the pains do not return except, perhaps, in a slight degree in the evening; whilst the skin, also, remains cool, I have found that the decoction of yellow bark, acidulated with sulphuric acid, or the solution of the sulphate of quinia, acidulated in the same manner, tends more than any other means to secure the patient from a relapse, and to confirm the cure.

In making these remarks, it would be uncandid were I not to mention that most distressing effects have occasionally followed the employment of large doses of colchicum: but these have either depended on the improper administration of the medicine, or on idiosyncracy. As a rule to guide you against the first error, you must recollect that colchicum ought never to be prescribed when the red or glazed state of the tongue indicates much irritation or a subacute inflammatory condition of the mucous membrane of the alimentary canal. In this case, moderate doses of the hydrocyanic acid and liquor potassæ with Dover's powder, aided by counter-irritants, may be employed to prepare the habit for the use of the colchicum; and even after the irritable state of the alimentary canal has been sufficiently subdued to admit of its use, the remedy ought to be prescribed in small doses, frequently repeated, instead of the full doses that may be administered under other circumstances. The deleterious influence of idiosyncracy can only be avoided, by inquiring into the effects of the remedy when it has been taken at any prior time.

DECEPTIONS IN PHARMACY.

To the Editor of THE LANCET.

SIR,—It has often surprised me that the preparation of medicines according to established formulæ should be so little attended to. As I imagine that the profession generally have but a faint idea of the extent to which the various formulæ are evaded, I beg their attention to the facts that follow. To be as brief as possible, I will at once commence with the most important articles of the London Pharmacopœia.

Aquæ.—Distilled water is not to be met with at many chemists'. Lotions containing caustic or lead, are made with common water. The medicated waters are generally formed by dropping the essence into common water, or by rubbing down the essential oil with sugar, or magnesia, and filtering.

Cerata.—Cerates are chiefly made of lard. The savine cerate is often made with a little of the essential oil and lard, coloured green.

Confectiones.—In confections, as in many other medicines, the expensive articles are either omitted or diminished in quantity. The confection of senna is but seldom made as it should be.

Decocta.—Decoctions, particularly those of sarsaparilla, are made by dissolving an extract in water. Both simple and compound extracts are made by wholesale druggists for the purpose.

Extracta.—Extracts are prepared by the wholesale druggists, and are often evaporated by too great a heat. Many are the instances in which an extract of not very frequent use would be employed, by the retail chemist in dispensing a prescription, which had been on his shelf for five or ten years, rivalling in hardness the pot which contains it.

Infusa.—The same remarks apply to barks, leaves, &c. as to extracts. Some of them lie by for years and years, only serving as places of resort for the spider;

or barks may be completely worm-eaten; yet this proves no inducement to procure fresh drugs. The infusion of senna is sometimes made with an extract or a sirup instead of the leaves. and rarely, if ever, is it made with Alexandrian Senna.

Olea.—The essential oils used are chiefly foreign. The foreign oil of peppermint is generally adulterated. Oil of cassia is universally substituted for the oil of cinnamon, the former being not more than one-tenth of the price of the latter.

Spiritus.—The spirits are seldom distilled.

Syrupi.—Sirups are rarely prepared with correctness. The sirup of poppies is prepared with an extract instead of the decoction. The sirup of buckthorn sometimes merely consists of treacle, rendered bitter by the addition of a little aloes. Sirups also seldom contain enough sugar; so that they are (in warm weather) always fermenting.

Tincturæ.—In speaking of tinctures, I may premise that avoirdupois weight is used instead of troy weight, many chemists not even keeping the latter; thus making two scruples less to every ounce; where the drugs are at all expensive there is generally a larger deduction than this. The spirit used for tinctures is, in almost every case by far too weak.

Unguenta.—The spermaceti ointment is chiefly made of lard; and in compounding the mercurial ointment and blue pill, sulphuretted oil is frequently added, to save time.

I do not mean to state that these facts apply to the practice of every chemist, for I well know that there are some who scorn alike the system and the individuals who practise it; but they are literally true as regards a very great number of the London chemists. A remedy for such practices and neglect is, I hope, not very distant.

I am, Sir,
With great respect,
Your obedient servant,
J. T.

London, March 30, 1835.

THE DUBLIN MEDICAL PRESS.

To the Editor of THE LANCET.

SIR,—If I were not aware of the contempt in which you hold the personal abuse of the medical press, Irish as well as British, I would deem it my first duty on this occasion to exonerate you from that portion of it to which the publication of writings presumed in the present instance to be mine, has unjustly exposed you. Had I no other means of knowing your private feelings on this subject than those furnished by your public conduct, I should never doubt for a moment of your indifference to the splenetic effusions of irritated corruption; or of your willingness to bear without complaint the calumnies to which the correspondence of writers in whom you confide, may render you liable. The mind which laid the foundation of medical reform; introduced into the dark recesses of our hospitals the lamp of science; communicated a new impulse to the various branches of practical medicine; and threw the protecting light of publicity and observation over the oftentimes aggravated misfortunes of the inmates of public charities;—the mind which planned, and to an unexpected extent accomplished, these undertakings, which you may proudly claim as exclusively your own, must have foreseen the opposition to which they would lead, and at the same time must have prepared itself against the consequences. Engaged from time to time in the advancement of these views, the salutary effects of which will be acknowledged in these countries when the invidious scurrility of your assailants is heard of no more or is remembered with disgust, I could not hesitate in following your example, and becoming equally insensible to the virulence of the glutted guardians of medical monopoly, which I was well aware I should experience, if it were not my own fault to deserve it.

That my expectations have not been disappointed I may assume as some degree of merit, the attacks on my writings and character, both in public and in private, having been, with the exception of those on your own, unprecedented in medical controversy. An experience, gathered during many years, of a correspondence usually controverted,—of a constant readiness to correct any errors into which I might have fallen in treating of proceedings conducted in the congenial darkness of corporate conclaves,—and of my willingness to meet the arguments of adversaries,—these must have satisfied you that I could have no other object in view than the welfare of the medical profession in Ireland, distinguished from that party in the metropolis which has so long revelled in its ruin, and still struggles to perpetuate its subjection. Were a reply, therefore, to those remarks to which I shall presently have to call your attention a question merely between us, I should consider one quite unnecessary; not so, however, with respect to those to whom our observations are addressed. The public is a

compound the elements of which are constantly changing; new years bring new readers, who can know little of the past, and to whom is due the refutatation of statements which derive a factitious authority from the persons by whom they are made. In proportion, indeed, as students and the junior members of the profession are unacquainted with the character of the individuals by whom it is misgoverned, will they credulously believe in and attach importance to the assertions of those men. They have not yet seen through the gaudy and dazzling veil with which the artful selfishness of these persons too often succeeds in concealing the worst attributes of human nature, and the most hostile to the good of society. While I value as nothing the malevolence of such men, no matter whence the venom may flow, I feel it my duty to satisfy those who take an interest in such matters that my representations of the state of the profession in Ireland are as correct as discussions on subjects of such extent, and oftentimes of such obscurity, can be made.

It is in accordance with these views alone, that I lose one moment in noticing the numerous remarks recently made on the character of this Journal by Dr. GRAVES, one of the Professors of the School of Physic in Ireland, in his Lectures, and in a late number of the *Dublin Journal*, of which he is one of the Editors. Had Doctor GRAVES felt himself aggrieved by statements made in your Journal, either of two courses was open to him – to prove in his own Journal (or in any other which he might choose for that purpose) by facts, the fallacy or falsehood of such articles; or, if he could not do so, to observe the ordinary prudence of a discontented silence. He has however pursued neither of these courses; but adopted the vulgar and hacknied expedients of unsupported contradiction and the lowest personal abuse. Of the various errors in the constitution of the Medical Establishments of Dublin, and the numerous evils resulting from their imperfect organization, repeatedly pointed out in the pages of this Journal, he has not ventured, in reply, one word of defence.

The cause of this total absence of counter-facts and argumexts lies at the surface; such facts or arguments could not be produced, and in their place his partizans are treated to, and the public is disgusted with, ribaldry without point, and insinuations of which he himself knows not the object. This style, indeed, is worthy of the cause which he has undertaken to defend, while his qualifications for the championship of the corruption of the Medical Institutions of Dublin are indisputable. Professor of one of the most degenerate and inefficient of those Institutions, Physician "by purchase" to another of them, his interests and his information eminently qualify him for the new office he has accepted; and if we are to judge from the specimens which he has as yet furnished, his *morale* is quite equal to his other advantages. So far it is satisfactory to have to deal with so well-informed and so zealous an advocate. He is labouring in a cause with which his welfare and his sympathies are both closely entwined; his defence therefore may be presumed to be the best which a practical knowledge and an enjoyment of the benefits of a corrupt system enable him to produce. If place and its concomitants be the best cradles for the swaggering bullies of corruption, we should expect great things from Dr. Graves. I shall take his efforts at this standard, and now examine them in detail. One of the first manifestations of the displeasure of this gentleman is contained in a note to a lecture delivered by him, and printed in the *London Medical Journal*. In this note the learned lecturer takes an opportunity of illustrating some commonplace remarks on the influence of passion and sympathy on mankind, by representing the whole population of London as in a state of actual insanity during the recent elections in that city! What the good citizens of London may have thought about this awful judgment, I have not heard; but there can be little doubt that if, instead of electing a dozen of Reformers, they had chosen even half that number of Tories, they would have escaped committal to *St. Luke's*, and a certificate of *compos mentis* been returned in their favour by the worthy Doctor. It is very probable, however, that notwithstanding the madness of London in returning Reformers instead of Tories, the good city would have escaped the straitwaistcoat but for its contiguity to Finsbury. *Mantua væ miserum! nimium vicina Cremonæ.* London ought promptly to shift its position, and get out of the vicinage of so dangerous a neighbour. Omitting further notice however of this miserable trash, what in the name of common sense had the elections of London to do with a lecture delivered in *Sir Patrick Dun's Hospital* in Ireland? We confess we are at a loss to understand how even the confusion of insanity itself could couple subjects so foreign to each other in the same discourse. But no man, no matter what precaution he may observe, can always continue a successful impostor. The retributive principle of justice will one day or other make deception its own expositor.

When Dr. GRAVES penned this note of a few lines, he seems to have been self-blind to the disclosure which it makes of a whole life of inconsistency. He will not have the hardihood I presume to deny that one of the chief objects of his life has been to pass himself on the world as a man of the most unqualified liberality. Turk, Jew, or Atheist, was all the same to him;—his charity and benevolence could digest the errors and prejudices of all sects and parties, religious and political. I need not remind his dupes or his partizans of the particulars which might be collected to complete this outline—they will be remembered by all. But the mask is now withdrawn, and the reality stands revealed to the public. If political illustrations were necessary in a physiological lecture, why travel to London when he could have supplied himself with much more apposite examples at home? Intimately connected with the University of Dublin as he is, and obviously alive to passing events in the political world, it is scarcely possible that he did not hear of or even witness the scenes which took place at the elections of that repository of decency and patriotism. We are the more surprised that he did not avail himself of these more convenient instances of political excitement; inasmuch as they were admirably adapted to illustrate a position laid down in his lecture, that "man was by nature a hunting animal." The observation, however silly, derives some force from the celebrated scenes enacted at these elections, in which the *future aristocracy* of Ireland got up a hunt in the hall of the College, where the object of pursuit was neither hare, fox, nor stag, but —an Irish Papist! And all this, too, in the presence of the Provost, the Fellows, and a large proportion of the Protestant clergy of Ireland! The choice of the illustrations is pregnant with meaning—no one can misunderstand the *animus* of the author of the "note." London, discharging with propriety and decorum the duties of the elective franchise, is pronounced in a state of insanity; while the frantic yells of the juvenile bigots of the University, rehearsing, with the playful but sanguinary ferocity of so many young tigers, the fearful feats of future years of which these youthful gambols but too distinctly shadow forth the reality, are passed over in approving silence by this impartial and patriotic lecturer! Though his sympathies inclined him to spare these atrocious exhibitions of the Irish University, yet he might at least have saved his character for consistency by making use of other materials within his reach. The pious and charitable denunciations of M'Crea, in Ebenezer chapel, the Guild of merchants, and on the hustings in Green-street, re-echoed by the acclamations of his applauding audience, might have furnished the learned physiologist with far livelier ideas of a whole community seized with madness than either London or that part of the metropolis which is called Finsbury. The omission explains itself. It is not the conduct of an honest commentator—the course which a follower of truth would pursue. If we are to have political dissections in the lecture-room, let them be conducted with anatomical accuracy and fairness—let both sides of the subject be examined and the morbid parts exposed to view.

In the lecture to which this note is appended, there is an excellent example of the manner in which the lecturer has been in the habit of playing the Whig with one party, and the Tory with the other. After very pathetically describing the condition of the population of Ireland, and lamenting their miseries with suitable commiseration, he concludes the patriotic detail of Irish woes, by remarking that there is a cause for these evils, but that it is not the province of the physiologist to point it out, thus leaving each individual of a mixed audience to interpret the "sybilline leaf," according to his own taste or judgment. Ambiguous stuff of this kind is well suited to the frequenters of an Irish class-room; each goes away satisfied from the banquet, and the host enjoys the reputation of being an *ultra* of all parties. One thing, however, is manifest on the face of that document, that the author has not the manliness to declare his opinions, and that he constantly labours to blindfold those whom he is addressing. The wand is now broken by the antics of the wizard himself, and in future it is likely that he may practise treachery without being trusted, and hypocrisy without deceiving. As another instance of his patriotism, philanthropy, and veracity, a remark in one of his clinical lectures may be selected. It is short, but full of that quality which is most characteristic of its author. In speaking of a case of delirium tremens, he remarks,—"The patient came into the Hospital with symptoms of an extreme nervous excitement and watchfulness, which had continued for some time, and were brought on, as is most commonly the case, by repeated fits of intoxication, succeeded by a pause of perfect sobriety—*in Irishmen the result of necessity or accident.*"—Were this the sarcasm of a writer of farces, its source and its use would render it innoxious; but put forward in a lecture-room as a fact characteristic of Irishmen alone, it can excite no other feeling than

that of disgust for its falsehood and malignity. Is this pretender to a knowledge of statistics aware that the consumption of spirits in England and Scotland is considerably greater than in the country which he thus wantonly calumniates? Has he never heard of the Gin Palaces of London; the Laudanum drinkers of Glasgow whom even Whiskey cannot satisfy; or the stomach-pumps of the Police Officers of Edinburgh, intended to disgorge its "operatives" of their Saturday's "drink?" I do not make these observations in a spirit of reproach against those people. I have lived long among them, and am well acquainted with their virtues as with their vices. My object is not to disparage one country by doing justice to another; my purpose is to show the manner in which Ireland has been almost invariably misrepresented by persons affecting to be its friends. Drunkenness is certainly not the national vice; nor is the observation of an incurable perseverance in that vice, more applicable to the Irish than to the habitual drunkards of every other country. So favourable an opportunity, however, of aspersing a country of which Dr. Graves has ostentatiously on many occasions professed himself the friend, was not to be lost; he has accordingly drawn on his invention to eke out a satire unsupported by fact. Where the bow is constantly bent, a corresponding desire is usually present to discharge the shaft. The Doctor has had his shot; but his own reputation alone has suffered.

The next and principal attack which he makes on THE LANCET and on its Irish correspondence, is contained in a Review in the last number of his Journal. A notice, it appears, of the Dublin Journal, descriptive of its general character, and pointing out instances of its notorious partiality to a certain class of men in Dublin, is assumed as the ground of this attack, but, instead of meeting the charges against the spirit and practice of a work which has earned for it in Dublin the *soubriquet* of the "Scratch Journal," the Editor starts from the subject to which he was bound to adhere, and makes a tour round the world, assuring us that the said "Scratch Journal" is relished in London, feasted on in Spain,* and literally picked to the very bone in America, by his "Transatlantic Brethren."

* By-the-by, an extract at second-hand from the *Dublin Journal*, made into the pages of a foreign periodical per favour of a conveyance to Madrid by the pages of THE LANCET, has occasioned a most comical ecstasy in the mind of the Irish Editors.

I congratulate them on the delicacy of their taste, and the savouriness of the repast! If these editorial epicures knew only one-tenth of what we do of the cookery and contents of the "Trash" on which they are represented to feast, they would not be quite so delighted with the Park-street mess. Admitting, however, that all which has been said of the popularity of the *Dublin Journal* were true, it would not in the slightest degree disprove what has been stated of it in THE LANCET. Supposing the London Editors to be inclined to give an impartial opinion of its merits, which with one solitary exception they are not, what could they know of the local intrigue and dishonesty with which an obscure work is put together in Dublin? These Editors having no other Irish Journal to resort to for reports of medicine in Ireland, they are compelled to have recourse to its pages. They, in fact, consult their own ease and space, and use the "scissars" without ever inquiring the value or truth of what they extract. As an instance in which an Editor may be deceived in these matters, I shall instance THE LANCET itself, in which I believe a favourable notice of this worthless Journal was given on its first appearance, and but for which favourable notice the *Dublin Journal* would not have continued to have an existence, even in memory, up to this brief period of its literary existence. It cannot therefore be said that a mere spirit of hostility influenced THE LANCET when it corrected, on discovery, the error into which it had fallen. As an instance of the faithlessness and partiality with which the work is conducted, I shall just notice an article contained in the present Number.

During the winter there was a case of catalepsy in the *Jervis-street Hospital*, under treatment by Mr. Ellis. The case attracted much attention at the time; and it was generally understood that Mr. Ellis would publish an account of it. A surreptitious and inaccurate report of this case, drawn up probably by some unprofessional person, appeared in an obscure newspaper in Dublin, and Dr. Graves, or his brother editors, without inquiring into the particulars of the history or treatment of the case, inserted it in their journal under the head of "Scientific Intelligence." In this "scientific report" neither the name of the gentleman who attended the patient, nor even the name of the hospital, was mentioned! Commentary on the fact is unnecessary; every person who is acquainted with the "caw-me-caw-thee" spirit of the *Dublin Journal* will duly appreciate the omission. The American and London editors will no doubt consider

themselves fortunate in having so interesting a case wherewith to treat their readers, for whom it will be reprinted, with, probably, the authority of the *Dublin Journal* attached at the bottom of the extract. In this instance neither the editors nor their readers will fare worse than they have done on other occasions; the present case being fully as good as nine-tenths of the more specious and better-authenticated fictions which appear in the pages of that journal.

But allowing that all the gasconade about the "circulation" of their journal, and the "esteem" in which it is held in all quarters, — invention, every word of it, as all men know who have had experience in the tricks which are adopted to force into notoriety new publications, - in what respect would it disprove the statements made in THE LANCET respecting the "Museum" and "Catalogue" jobs in the College of Surgeons, and the fulsome panegyrics pronounced on those jobs in the complimentary journal? Will the "transatlantic" reprints charm back into the treasury of the College the twelve hundred pounds paid for the hundred-and-twenty-page pamphlet; or enable the College to pay a similar sum for the remaining half of Mr. Houston's promised labours? Before speaking of his "reprints" Dr. Graves ought to have told us something of "refunding" money which was as corruptly squandered as it was disreputably received. The task, however degrading, of panegyrizing Mr. Houston, was a much easier one than that of replying to these questions. In avoiding to meet them fairly, I certainly did not expect that the adulation of so insignificant a person would have been the wretched expedient of the professor of the School of Physic in Ireland. But it appears that the editorial compact binds him to bark for even the smallest curs in the "pack."

One reason alone induces me to notice that portion of Dr. Graves's observations which is intended to apply to THE LANCET. In those observations he assumes that he knows the writer of the Irish articles in THE LANCET; and he has even gone so far as to attempt to give a description of his character and occupations! The consequence has been that the vagueness of this descriptive fiction has excited, I understand, some uneasiness among the private teachers of Dublin. They need not, however, be alarmed; the Doctor will have to guess again. The fact that the attempt at identity is confounded with more than fifty different persons during the last ten years, may relieve them from any apprehension that the Doctor's imaginary description will hang over either of them very long. When Dr. Graves was perpetrating this description he had reason to know that it was a false one, and I now publicly call on him to make it good by producing the name of the person to whom he meant it to apply. He dare not, under the circumstances, produce any name.

But who, Sir, is this Dr. Graves who talks of another person as being anonymous as a critic, obscure as a writer, and without name as a lecturer? What right has he either as a critic, an author, or a lecturer, to cast epithets about thus insolently? What works critical or otherwise has he written; what discoveries has he made in science; or what reputation does he hold as a lecturer, to warrant even this affectation of personal merit? Let him or his partizans produce on his behalf, either works, discoveries, or proofs of lectorial popularity. The evidences cannot be difficult of production if they exist. It is certainly no strong proof of his popularity as a lecturer, for instance, that he has applied to the University of Glasgow to render it imperative on pupils to attend his lectures. To the merit of collecting and re-diffusing the labours of other men, he may be entitled; his possession of ordinary industry of that kind I may not deny, but the constant effort to make the labours of others help him into notoriety as an original thinker disgusts me. Whoever, in fact—acquainted with the literature and science of the day—takes up any one of the productions which are issued under his name, will find them filled with the ideas, oftentimes expressed in the very language of other men, constituting sheets of common-place materials, skimmed from the surface of the current literature of the day, on which he has set his mark of selection, and nothing more. But is this the time to assume merit for the work of compilation,—a species of labour which is now so general, and so well performed in every department of science and literature, from bulky Cyclopedias down to Penny Magazines, that no man for an instant turns aside to ask the name of the artificers? But Dr. Graves urges amongst his other charges, that the exposure of the jobs to which I have alluded is anonymous. Why the very article in which he brings the charge, is printed without the attachment of a name! But what kind of act is that which in this instance he professes to think so criminal? He has forgotten that nine tenths of the periodical literature of Great Britain is anonymous. His calumny, moreover, is only of a piece with that which has repeatedly been cast on Brougham, Jeffrey, Gifford, Coleridge,

and a hundred other men of eminence, for writing anonymously. Indeed, only a few days have elapsed since the first of these individuals declared that the public did not know the author of the thousandth part of what he had written. But the absurdity of the imputation may readily be reconciled with the blundering inconsistency of the man who charges me with being anonymous in the same breath, and declares that I am known to him!

In wandering beyond the boundaries of common sense and consistency, the Doctor has also strayed into the province of morals, and talks of "conscience"—with self-complacency too,—as though it had been the rule of his life! But I repudiate his right to lecture any one in a character which is only assumed for the nonce. Had he moralized on the propensities of mammon-seeking, had he preached to me on professional finance, he might, by drawing for illustrations on his experience, have conveyed some useful lessons. The purchase of a life-interest in the miseries of the inmates of a public charity, for instance, would have afforded him an excellent head of discourse. But enough of this. I simply add that he should have avoided the arena of "ethics" as disputable, if not dangerous ground, and I turn with pleasure from that part of a controversy which has been made personal without provocation on my side, and sought to be embittered by imputations which would justify stronger language than I shall employ in its refutation. The question between me and Dr. Graves is not who he is, or what I am. The occupations or other circumstances of either of us are matter of no moment to the world. The public have only to decide on this one point.—Are the Institutions which Dr. Graves defends, fairly conducted, and well suited to the wants, the wishes, and the welfare of society, and the Medical Profession in Ireland? Although THE LANCET has amply shown, on innumerable occasions, that those establishments are grossly corrupt, and the impartial testimony of a neutral tribunal sitting in judgment on evidence extracted from the partisans themselves of those institutions is on the side of the reformers, THE LANCET will not I trust cease, or be in the slightest degree diverted, from its purpose of exposing their errors and abuses by any invective with which it may be assailed.

ERINENSIS.

Dublin, April 10, 1835.

The Sphygmometer, &c., being a Memoir presented to the Institute of France by Dr. Julius Herisson; with an improvement of the Instrument, and Prefatory Remarks. By the Translator, Dr. E. S. BLUNDELL. London: Longman, 1835. 8vo. pp. 16 & 46.

As every useful fact that has yet been made known abroad respecting the sphygmometer has been disseminated by the periodical press in this country, we regret that the first distinct publication on the subject was not delayed by the author, whoever he might be, until he could present us with a series of observations either demonstrative of the utility of the instrument or exposing its futility. Dr. Blundell says, "Let us hope that with the Sphygmometer we shall be able to elucidate those points which the stethoscope is not able to reach." Well, we do *hope*, but but what is the use of hoping? Why has not Dr. Blundell done something to realize that hope? He obscurely hints that a sphygmometrical investigation of diseases of the heart will tend to elucidate "tormenting affections of the nerves," and there he stops, although he especially professes to deal in neuralgic affections, and has had many opportunities of testing his supposition. What share has he permitted the sphygmometer to take under his direction in determining the cause of those affections? Plainly none. He says that "the sphygmometer will be a valuable assistant to the medical student in his daily rounds through the wards of the public hospitals, revealing to him certain peculiarities in the arterial circulation which he is unable to detect by the touch;" but upon what authority does he make this statement? If upon his own, why is not the proof before us instead of the stale news which he has reprinted? There may be no end to reprints and translations, and trumpery "prefatory remarks," if not an end of anger that they should be worked up into new books for public sale. The end, however, on the present occasion is very near the beginning. The facts here expanded into a book are the identical facts which have been for months before the whole profession, with the exception of those which relate to Dr. Blundell's

"improvements." In truth, the publication, like two-thirds of the volumes which are issued in the name of Hippocrates, is an intrusion on the altar of medical literature, and we notice it as a rare specimen of the art of book-making.

But do the value of the "improvements," and a candid, ample, and instructive account of them, retrieve the work from the character we thus give it, and justify its publication? The reader shall see. The preface (pages 13, 14, and 15) contains the following reference to them:—

"I shall now point out two serious inconveniences (says the author) which will constantly obstruct the investigations of the pathologist when using this admirable instrument. The first inconvenience which I have experienced when applying the instrument to the wrist of the patient, and which I consider of the utmost importance, is the difficulty of steadily keeping up and retaining with the hand an unvarying maximum pressure, sufficient to make the mercury ascend to 25°; to accomplish which, with the instrument as invented by Dr. Herisson, requires more than ordinary tact, and it is to this circumstance, probably, that we are to attribute the discrepancy between the results of the minutes of the two observers, requested by the Commission of the Academy to make their observations with the sphygmometer on the same point.

"The second inconvenience occurs when the instrument is removed from the wrist of the patient, on account of the column of mercury not readily descending into the reservoir, but lingering for several minutes at the bottom part of the glass tube. This defect, which is probably owing to the quicksilver having acquired an increased temperature during its contact with the skin, obliges the operator to wait several minutes, until the mercury has returned to its former temperature, and sunk into its original station, before he can close the stop-cock, and thus shut out the communication between the reservoir and the glass tube; if this precaution be not attended to, a portion of the metal is liable to escape by the aperture at the top of the tube, and the accuracy of the instrument is thereby destroyed."*

Now, to remedy this latter inconvenience, Dr. Blundell proposes "to place the stop-cock *nearly an inch higher*," and thus *ensure* the inclusion of all the mercury, and to remedy the former he has designed an "apparatus" for the arm, which "acts somewhat on the principle of, and slightly resembles, a screw pincushion," and a *description* of which he thus prefaces:—

"It was my *intention* to annex *a drawing* to the description of the apparatus which I have invented, to obviate the inconvenience which occurs when the sphygmometer is applied to the wrist of the patient; but as considerable *delay* and *expense* would *necessarily* be incurred, *greatly beyond the limits of the work*, I have contented myself by *simply* giving a *description of it*."

The limits of the work! Why, for what was the work printed? It contains, to be sure, a translation which was not wanted, but it refers to some improvements which were, though these any child might have suggested, and one of them is fully detailed in six lines. Less, however, than a complete description of both "improvements" it would seem impossible for Dr. Blundell to give. Yet *less* is the measure which he has given, for one of the descriptions actually lacks the very item which was essential to render it intelligible,—to wit, *the drawing!* The "limits of the work" did not allow it to be annexed! The "expense" and the "delay" interfered! Almost incredible imposition! The terms of the excuse are rather ambiguous, and so they would continue, did we not find the term "limit" explained by the fact, that the last page of the work is occupied by the *address of the shopkeeper who sells the improved sphygmometer!*

These bookmongers not only want the schoolmaster amongst them, but they also need a taste of his rod.

While on the subject of the sphygmometer, we may observe, that such of our readers as possess that instrument, and find the mercury hesitate in its complete return into the receptacle, may speedily induce its collapse by placing the receptacle in contact with a colder object. The application of a little water, or sometimes even of a little saliva, will effect the purpose. With regard to the fixation of the instrument over the pulse, we are quite of opinion that if the hand will not in gene-

* The text of Dr. B.'s volume is good for bad eyesight. These extracts fill more than two pages in the original.

ral efficiently support the sphygmometer, the instrument never will be introduced into common practice, we venture to think that familiarity with its employment will ultimately render all screw-pincushion and other brachial apparatuses, unnecessary incumbrances. If a perpendicular bandaging of the stethoscope on the chest had been made essential to correct auscultation, that instrument would not have found its way into the hands of every practitioner in the kingdom, as it now has. A great many sphygmometers have, we believe, been purchased by practitioners in this country, but as yet, we also believe, they have not been much employed in practice. They are regarded rather as pretty toys than as instruments of important facts; and, like the stethoscope in its early days, they have been laid aside for a time,—to be resumed and carefully tested. We trust, before actual abandonment. They promise much.

***Recherches sur les Effets de la Saignée*, &c.** Par P. C. A. Louis. Paris. Baillière 1833.

An Investigation into the Remarkable Medicinal Effects of Veratria. By A. Turnbull, M.D. London. Longman, 1834, 8vo. pp. 96.

Pharmacopée Universelle. Par A. J. K. Jourdain. 2 Tomes. 1828. Baillière. (This capacious work presents an arrangement of thirty-five Pharmacopœias.)

The voluminous history of medicine, its innumerable sects and systems, the unceasing partizan conflicts which have marked its progress, and the irreconcilable variations of practice which prevail throughout Europe, all concur in proving that the existing method of determining the efficacy of remedial agents is exceedingly imperfect, and that our principles of reasoning in therapeutics demand a complete revision, and perhaps a total change. The annals of this department of science exhibit, in fact, such a series of disputes and revolutions, resuscitations and abrogations, adoptions and abandonments, as cannot be paralleled in any other branch of science. Whim and fancy, indeed, seem to influence less our creeds even than our drugs. Orthodox one day, they are heretical on the next, and there is nothing stable in the entire Pharmacopœia. Is the change due to improvements in our reasoning and advancements in our knowledge? By no means. Our faith is oftener pinned to inert and valueless remedies than to successful ones, and constantly are substances of tried and indisputable value neglected from caprice, or overthrown by scepticism. A few historical facts will establish these allegations. The Romans and the ancient Greeks relied chiefly for the cure of diseases on hygienic regulations,—on diet, exercise, and bathing, as remedial *means*.* In Britain the early Saxons placed their trust in herbs.† The middle ages had recourse to saints.‡ After the productions of the East had reached the western parts of Europe, spices and precious stones constituted the principal ingredients in physicians' prescriptions; and the Elizabethan medical age may be called the age of spice.§ Then followed the age of metals and the products of chemistry,‖ which has since uninterruptedly

* Ejus autem quæ victu morbus curat, longe clarissimæ. Auctores Celsus, and v. Hippocrates *De Diæta*.

† Saxon MSS. in British Museum. Lib. Herb., &c.

‡ "Appolonia cureth the toothach, St. Sebastian the plague, St. Petronel the fever, St. Maturine the frenzy, St. Maire the scab, St. Genow the gout, St. Clare sore eyes."—*Fuller*. "Commend me," exclaims the same writer in his Church History, b. 6. s. 5, "to the crosse at the Priory of Benedictines at Bromholme in Northfolke. By this crosse 39 dead men are said to be raised to life, and 19 blinde men restored to their sight." Gervase says, in speaking of Becket "Redolet Anglia fragrantia et virtute signorum quæ per merita illius sancti, &c. Thomæ, &c. Ad invocationem nominis ejus qualibet infirmitate gravati convaluerunt. Quibusdam etiam genitalibus abscisis et oculis effossis nova membra restituit, aliisque morte jam deposita vitam redonavit. Extant in Ecclesia Christi Cantuariæ, *duo volumina miraculorum*." — *Hist. Anglic. Scriptores*, p. 1417. Thousands of pilgrims flocked annually to Canterbury.

§ Pharmacopœia, 1616. Directions against the sweat, &c.

‖ Mayerne first brought chemical reme-

prevailed, with one qualification, that the particular substances, and the cases in which they are employed, are constantly changing. The most nauseous and disgusting matters have been swallowed by the sick, and believed by their attendants to be effectual. The London Pharmacopœia, till nearly the middle of the last century, contained in its list of materia medica, portions of vipers, toads, and foxes, and twelve species of stercora, whose purity was tested in the Apothecaries' shops by the censors of the College of Physicians, according to their charter of incorporation, and the 32 Henry VIII. In short, in travelling over the immense catalogue of substances which have been praised, advertised, and administered in sickness, the belief arises in one's mind that empirics considered this universal world had one throat, down which it was their office to pour the thousand poisons, and other refuse vile of nature, miscalled "medicine."

The homœopathists now boldly declare that large doses of medicines are useless or destructive, and that healing can be wrought by the decillionth of a drop; Rasori prescribed tartarized antimony in doses of half a drachm; some English practitioners make scruples of calomel their sheet anchor in serious disease, while others are horrified at the practice. Broussais,* after completely annihilating to his own satisfaction all preceding systems, announced *eau gommée* and leeches as indications of the new doctrine, which a German has denounced as a species of vampyrism. John Hunter, certainly not a careless reasoner, considered mercury to be the only specific in syphilis, while it is now well established that the primary and the secondary symptoms of this disease will disappear without the administration of a grain of that substance. Half the substances in the London Pharmacopœia are at present never prescribed: half the medicines now prescribed are not in the Pharmacopœia. In Germany, France, Italy, England,—in every different country, a different practice prevails, and different remedies are prescribed, in the same disease, in different doses, combinations, and periods,—each nation believing as firmly in its medical doctrines, as in its form of religion.

This perpetual fluctuation and discordance of opinion,—or rather the prevalence of opinions in place of facts,—implies either that remedial agents produce no appreciable effect in disease, that physicians have been incapable of observation, or that their methods of investigation have been defective and vicious. It is not improbable that each of the various systems of treatment which are in extensive operation are productive of *some* advantage; a few of them productive of much. The obscurity on this point lies in the uncertainty of the facts. Yet certainty is obtainable. Thus, Louis's researches (detailed in a former LANCET) place the curative influence of particular medicines in pneumonia beyond doubt. In his last series of observations, only one patient was lost out of seven who were bled freely and took large doses of tartarized antimony. In the other cases, inefficiently treated, two were lost out of the same number. Observations at *La Charité* show that formerly about two cases in eight of typhus fever terminated fatally, and that an improved plan of treatment has reduced the mortality to one in eight.* So that medicine alone will save at least one hundred lives out of two hundred, which would be carried off by pneumonia or typhus fever if left to their unobstructed course. The utility of calomel in iritis, of iodine in scrofula,† of quinine in intermittents, appears to be equally incontestable; and there is reason to believe, as Bacon has asserted in general terms, that "Man's body is, of all things in nature, most susceptible of remedy."

It is no less certain that the effects of remedies have been watched by an able body of observers. From Hippocrates,—endowed with all the inspiration of Grecian genius, and possessing an acuteness of observation which Aristotle did

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dies in England into general repute in the seventeenth century. See also the works of Boyle.

* Broussais' Introductory Lecture in the Encyclographie des Sciences Medicale.

* Louis has stated this at his clinique.

† Baudelocque on Iodine. 1834.

not surpass,—and Galen, whose colossal mind spread the light of its influence over the dark ages, to Harvey and his illustrious successors of the last and the present century, no class can boast of more men who occupy a high intellectual rank than the medical profession.

It is not, then, to the incompetency of observers, or to uncertainty of the effects of medicines, but to the defects of the method which is employed to determine the degree of influence or the value of remedial agents, that the present unsatisfactory state of the therapeutic art must be ascribed. What is the nature of that evidence on which the efficacy of a remedial agent has ordinarily been admitted? It might have been expected that systematic writers on therapeutics would have discussed this matter, and clearly defined the laws by which they are influenced in receiving substances into their catalogues, or pharmacopœias. In none of the works, however, which we have been able to consult, is there a *satisfactory* statement of the proofs which establish the efficacy, or the degree of efficacy, possessed by a remedy. Substances are accurately arranged according to their physical properties; or as they act directly in producing vomiting, purging, or sneezing; into emetics, cathartics, errhines, &c.; and the manner in which they produce those effects is elaborately discussed; but in therapeutics the main question obviously is, not whether remedies excite a certain action, but whether they possess *curative* powers over particular diseases,—not whether veratria makes a man sneeze, but whether it will remove one of his maladies.

The existing philosophy of therapeutics and medical inquiry in this country may be traced to Cullen, whose fundamental doctrines respecting the materia medica the following passages from the works of that teacher will explain.

"By knowing," he observes, "what is the state of the body in health, and comparing that with our knowledge of its state in disease, we learn what change must be produced in the body in order to restore it from a morbid to a healthy state, and this perception of the change that is necessary to be produced for restoring health is strictly called an indication." "The dogmatist seeks out indications, the empiric neglects them, and is entirely directed by what has been found by experience to be beneficial or hurtful in particular cases. The dogmatist always pursues a general plan, and it is this plan, so far as it can be brought under a general doctrine, that we are to pursue in therapeutics."

It is not necessary to arraign the indications now in vogue among the dogmatists of Cullen; or to discard sound physiological *indications;* but it is clearly illogical to conclude that because a drug fulfils a particular indication, it therefore diminishes the duration or mortality of disease. The results only can determine this.

With regard to their curability, diseases may be divided into three classes; 1st. Those which terminate fatally; 2ndly, Those which end in recovery or death; and, 3rdly, Those which terminate favourably, resolving after the lapse of a certain time into health. Phthisis, carcinoma, diabetes, and hydrophobia, are examples of the first class. The morbid processes which attend them, ordinarily extinguish life; and this result is so inevitable, that alleged recovery has invariably been attributed to the operation of some external curative or miraculous power. But is it not certain that these fatal maladies are sometimes successfully combated by the unaided energies of life? Have not Laennec, Andral, and Carswell, proved that tuberculous lungs cicatrize? And have not histories of recovery from all these affections been recorded, where means the most opposite, and at other times the most inefficient, have been employed? If we reject isolated cases of cure in these desperate maladies, as insufficient for the purposes of any general induction, a long list of nostrums, and the claims of innumerable medicines, will lie silent for ever; while the comparison of a considerable number of cases, and the adoption of a good method, would place the value of judicious treatment beyond dispute. The phlegmasiæ, fevers, cholera, and other epidemics, have a definite duration, and produce a mortality varying from 1 to 60 in 100. It is rare that medical men,—except the homœopathists,—see these diseases pursuing their regular course. Their intensity, duration, and mortality, vary in various patients; the same practitioner will ob-

serve several patients recover or die in succession under the same treatment. The duration of one case of pneumonia may be five days; of another, fifty; and epidemics, such as cholera, differ exceedingly, at their height, towards the close of their ravages, and in different localities. Now no writer, on whose veracity the least dependence can be placed, ever pretended that medicine did more than *diminish* the mortality and the duration of diseases belonging to this class: and if all the circumstances of intensity, time, and numbers, are to be taken into account, and weighed in the memory and the judgment, what intellect is equal to the task of deciding positively on the modifying effect of remedies, except in some glaring instances? Of affections which do not end fatally, such as various nervous, rheumatic, cutaneous, and functional disorders, few are constant. Many disappear as suddenly as they come, and can scarcely be said to observe any fixed law. It is, consequently, very difficult to ascertain to what extent medicines control their movements. They are fair game for quacks. They constitute the shadowy but imperishable outworks, which every new medicine, in the fancy or pretension of its discoverer, levels to the ground. Mania is perhaps an example of a fourth class of diseases, the majority of which end in recovery, – some cases of the disease, however, not terminating at all, a few terminating in death.

Medicinal agents either produce their effects immediately, or after the lapse of a short period of time, and sometimes of a very long one; in the former cases their utility is more readily ascertained; but in the latter, where extraordinary sagacity and caution are combined, only doubtful results can be obtained by the present practice. The evidence in favour of calomel is more decisive than any thing that can be advanced concerning sarsaparilla or taraxacum. A good method would, perhaps, confirm the opinion of many able men, that those medicines which effect a slow change in the constitution are not the least useful.

It is a great objection to the present method of investigation employed in therapeutics, that when really efficient remedies are discovered, the author can never lay the evidence of their efficacy before the profession in a satisfactory form. Our confidence is gained by the authority of the individual, not by the selected and merely illustrative cases of cure: because natural cures may coincide with the administration of the remedy, and ten cases may terminate favourably during the weeks or months of its employment, while ten or five hundred which remain stationary may be forgotten or suppressed, as possessing no interest. The work on Veratria at the head of this artiticle, presents an example of this vicious method. The writer draws a rather glowing picture of the general effects of veratria; incidentally insinuates that in his hands it was not quite infallible,—for instance, where there was extensive organic disease; and then narrates about fifty cases of neuralgia, disease of the heart, rheumatism, paralysis, and amaurosis, which are said to have been cured instantly, or in some months, completely or partially. Boyle somewhere censures Hippocrates for reporting fatal cases. Many writers appear incapable of following the noble candour of the Father of Medicine as imitators, while they avoid the censure of the Irish philosopher by intuition. None can deny that valuable drugs have been introduced into practice by the prevailing method; but its adherents must admit that it is an imperfect mode of arriving at the truth, and, at the same time, a ready instrument of imposture, of enthusiasm, and of all the protean forms of quackery, alternately putting on the garb of science, mystification, and vulgar falsehood.

The method adopted by M. Louis may be easily stated. If the mortality in pneumonia, left to itself, were known to be 25 in 100, and its mean duration twenty-one days, it would only be necessary to subject a considerable number of similar cases to a particular treatment, to count the deaths or recoveries, and to take the mean duration, in order to state in precise terms the modifying power of the treatment. The same process would serve to compare or contrast the effects of two

systems of treatment. Trustworthy and well-qualified observers might decide on, and state, as Louis has done, the essential symptoms of pneumonia, for example, and the point on which they fix as its commencement or its termination, as well as the age, sex, and other circumstances which are capable of affecting the observations to any considerable extent, – those patients treated by copious bleedings, those bled frequently to a small extent, those who took large doses of tartarized antimony, and those who were subjected to any other remedy or combination of remedies, being classified in distinct divisions. From data thus furnished the results could be calculated, thrown into tables, and readily compared. A classification according to age, or any other circumstance, would immediately show its influence. A few examples, selected from several others now before us, will make this plain. Sir J. M'Grigor and Sir W. Franklin, ascertained that the mean duration of 1940 cases of primary venereal sores treated *without mercury*, was *forty-five days*, where there were sores and bubo; *twenty-one* days where there were sores alone; while the mean duration of 2827 cases treated *with mercury*, was *fifty days* when there was bubo as well as sores; *thirty-three* days when sores alone existed.* But secondary symptoms occurred only in *one* out of *fifty-five* cases, treated with mercury; and in nearly *three* out of the same number treated without mercury. The difficulty of ascertaining these general facts with precision, without the simple operation of arithmetic, is obvious; it accounts for the opinion formerly held, according to Abernethy, by the most eminent surgeons in London, that syphilis is *regularly progressive*, and that mercury is *the only means* by which its ravages can be put an end to; and for other uncertain and equally erroneous opinions. Of the 106 cases of pneumonia analysed by M. Louis, one terminated in four days, one in sixty-two days; the mean duration of the fatal cases was *nineteen days*, of the cases of recovery *eighteen days*, while the mortality amounted nearly to one in four. The modifications induced by the treatment are stated in our preceding article. In England we bleed to syncope in this disease, and repeat the bleeding two or three times if the symptoms do not abate. And as the system, according to the observations of Dr. M. Hall, will sustain the loss of 35 ounces of blood, before syncope supervenes, in pneumonia, much more blood must be taken in this country than in France. Our treatment is, we believe, the most successful; but in order to render this impression something more than an assertion or an opinion, we must collect a great number of authentic cases, count the deaths, and measure the durations.

We have thrown M. Louis's cases of pneumonia into the following tabular form, which exhibits one mode of comparing two series of cases belonging to that class of diseases which terminate in recovery, with a certain proportion of deaths.

100 *Cases treated with small and frequent Bleedings.*

Weeks.	Recoveries.	Deaths.
1	1	5
2	19	10
3	29	9
4	9	3
5	4	2
6	3	2
7	0	1
8	0	1
9	0	1
10	0	1
	65	35

Pneumonia:—The greatest number of recoveries (29) occurred in the third week; of deaths (10) in the second week. No recovery took place after the sixth week.

100 *Cases treated with more Copious Bleeding and Tartarized Antimony.*

Weeks.	Recoveries.	Deaths.
1	3	0
2	4	38
3	7	27
4	0	21
	14	86

Here the greatest number of recoveries (38) took place on the second week; the greatest number of deaths in the third week of the disease. All the cases terminated in four weeks.

Illustration of the Tables.— Of 100 patients seized with pneumonia, and treated with small bleedings, one recovered in the

* Report made to the Army Board.

first week, and five died. Of 100 patients bled largely and treated with tartarized antimony, three died, and none recovered in the first week.

If the cases (73 and 29) on which these tables were calculated had been more numerous, important consequences might have been deduced from them. Observations sufficiently numerous, arranged in this form, would render it easy to calculate the proportion of recoveries and deaths in all the stages of the disease, and to determine the effects of treatment. M. Louis has not mentioned the ages of the patients who recovered in the first series, so that the influence of age on the whole group cannot be ascertained. It may be remarked that this distinguished pathologist falls into some errors on the subject of age, by not distinguishing those patients who were below and those who were above fifty years old. From the twentieth to the fiftieth year the general rate of mortality is 1.29 per cent., from fifty to eighty it increases from 2.4 to 10 per cent.* The proportions between the greatest mortality of pneumonia occurring at these ages, seems to vary to a much greater extent.

The rate of mortality and recovery differs, not only in different diseases, but in the same disease at various periods of its course. And this fact appears to account for the very strange and contradictory notions which are propagated by honourable men concerning the efficacy of certain remedies. In pneumonia, one patient per cent. recovers during the first week, and five die; in the third week *sixty-five* per cent. recover, and *twenty* die; the rate of the recoveries diminishing afterwards, while that of the deaths increases. In the class of diseases naturally ending in dissolution, the rate of mortality increases up to a certain point, and then diminishes. The chances that a consumptive patient will live during three months, are greater in the first month than they are (the patient so long surviving) from the sixth month to the fifteenth, in the proportion of nearly three to one. The chances of life increase rapidly after the first year, so that an *inert* remedy employed in this period may *appear* to be *beneficial*, the patient having survived the severest shock of the disease.* Hence a long train of "cures for consumption" has been published, which are undeniably inefficient in the more dangerous stages of that malady; while in pneumonia, where death becomes more and more inevitable after the fourth week, no medicine has been particularly vaunted. In diseases ending for the greater part in recovery, the same source of fallacy is still more powerful. In mania, which may be taken as the type of severe nervous affections, the majority of patients ultimately recover; but the rate of recovery is such, that in the first months about one in ten is restored, while of ten patients in the eighth month of the malady two recover.† In proportion as mania is protracted beyond the first year, the chances of cure diminish. The ratio of recoveries proceeds, then, in such a manner, that if a maniacal patient were treated every three months successively by different medical men, the third would have a much better chance of accomplishing a cure than the first, and the same remedies would *appear* in the ninth month doubly more advantageous than in the second month. Therefore, when these formulæ are used, "this medicine succeeded when every other had failed"—"when nothing else afforded relief," &c. We suspect the virtue of the drug in question, because the tic douloureux, or other affection, had probably at the time mentioned reached its greatest intensity, and its most ordinary termination. With the most impotent talisman in his hand, the empiric, or the discoverer of a new elixir of life, may bid madness itself go no further when the tide is at its flood; whereas his own pretensions, and the object of his trust, would at once be overwhelmed if he opposed its earlier progress.

Feeling persuaded that hygienic means, and medicines judiciously administered,

* Life Tables, &c., by T. R. Edmonds, Esq., B.A. 1832. The law announced by Mr. Edmonds in the last Number of THE LANCET is striking, and may prove to be very important.

* See Dr. Clark on Phthisis.

† Calculated on 269 cases, reported by M. Esquirol. Vide Pritchard on Insanity.

are capable of abridging the duration of disease, and diminishing the mortality to an inconceivable extent, we are anxious to see the elements of *number* and *time* applied to pathology, according to an exact method; which would separate facts from opinions, dissipate the scepticism which some have entertained concerning the utility of medicine, and raise it to the rank of an exact science.

FRENCH JOURNALS.

THE numbers of the *Gazette Médicale de Paris* for March and April (Nos. 11, 12, 13, and 14) contain original articles under the following titles:—

1st. Memoir on Abscesses mistaken for Aneurysms, and on Aneurysms mistaken for Abscesses. By F. RIBES, physician to the *Hospital of Invalids*.

2nd. On the Configuration of the Brain in Man, and the Mammalia; a paper read before the Royal Academy of Medicine by M. LEURET.

3rd. On the Employment of Chlorures of the Oxydes of Sodium or Calcium in Cases of Burns. A Memoir read before the Academy by M. LISFRANC.

4th. On the Treatment of Typhus Fever by repeated purging. A Memoir read at the same institution by M. PIEDAGNEL.

5th. On the Treatment of Sore Throat, and some other Inflammations of Mucous Membranes, by the Sulphate of Alum and Potass. A Memoir presented to the Academy of Sciences by M. VELPEAU.

1. ABSCESSES AND ANEURYSMS.

The composition of M. Ribes' paper on abscesses taken for Aneurysms, and *vice versa*, was suggested by the famous affair of M. Thouret-Noroy. The author has collected no less than fourteen cases of abscess, which were mistaken by well-educated surgeons for aneurysms; ten cases of aneurysm taken for abscess, and four cases of spontaneous cure by obliteration of the artery; and, finally, four observations of individuals affected for many years with aneurysm, without suffering much inconvenience; the first during twenty years, the second during twenty-eight, the third during thirty, and the fourth during the long space of fifty years. After a detail of these various cases, M. Ribes describes in a summary manner the symptoms belonging to true and to false aneurysm, their mechanism, mode of development, and the means of distinguishing them from anomalous tumours; but as pulsation is the essential character of aneurysms, and as certain tumours present similar pulsations, isochronous with the contractions of the heart, it is sometimes impossible even for the best surgeon to form his diagnosis with certainty, and hence the source of many of the errors which have been committed. In many difficult cases of this description, auscultation, first proposed and employed with success by J. L. Petit, comes to the assistance of the surgeon, but even this means fails occasionally, because we may happen to meet with aneurysms absolutely immoveable, cases where the best exercised ear does not distinguish any kind of bruit, or feel any motion. Another and a frequent source of error is the thrombus which is formed after bleeding in the basilic or median basilic veins. This tumour almost always has a motion which is communicated to it by the brachial artery, and it often requires the utmost care to distinguish it from aneurysm. Finally, referring to the condemnation pronounced against M. Noroy by the French tribunal, M. Ribes shows that neither the jerking jet, nor the florid colour of the blood, nor the foam formed in the vessel, is a sufficient proof of an artery having been opened during bleeding, because these phenomena are witnessed whenever the vein lies immediately over the artery, the ligature is tight, and the opening is small.

3. CHLORURES OF THE OXIDES OF SODIUM AND CALCIUM IN BURNS.

The number of medicinal substances employed in cases of burning is immense; but experience has shown, that notwithstanding the variety of treatment, burns are almost always long in healing, and are frequently mortal when they extend over a large surface, although they may not be deep. In the year 1825, M. Lisfranc conceived the idea of applying a new remedy for the accidents produced by burns. The chlorures of the oxyde of sodium or calcium are astringent and sedative. They not only prevent the increase of inflammation in the injured part, but also remove it almost entirely. The pain resulting from burns is developed under the influence of innervation; after a few hours use of the chlorures the patients suffer much less, and often not at all. By cutting short the intense action of extensive burns, their reaction on the constitution, and particularly on the intestinal canal, is avoided. It is unnecessary to

mention, that as the state of stupor in which the patient is often plunged results from inflammation or innervation, this state commonly improves, or is dissipated, with the removal of the two causes.

When a solution of continuity without eschar exists, the chlorures of sodium or calcium possess in a high degree the property of producing a plastic exudation, which immediately becomes organized like a false membrane. The new tissue ordinarily is developed from the circumference to the centre, and in a short time fills up the solution of continuity, in the same manner as if a flap from the surrounding tissues had been laid down upon the part.

The chlorures determine the formation of false membranes, not only in the second degree of burns, but also in a degree much more advanced, when the eschars have come away, and the granulations are well developed. A point of much importance is the circumstance of the cicatrix being much more solid after this treatment than any other. It is formed, as has been mentioned, by means of a new tissue which covers nearly the whole of the denuded surface, the edges of the skin being very little displaced. Hence if the ulcer be situated on the lower part of the leg, the integuments cannot become too narrow.

Experience has also demonstrated to M. Lisfranc, that the contraction which always takes place in the cicatrix, is much less considerable in the species of false membrane produced by the action of the chlorures. It has been asserted that the chlorures of the oxides of sodium and calcium facilitate the fall of the eschars, to whatever cause they may be due; however, facts prove, that if the inflammation be violent and of a phlegmonous nature, the chlorures generally augment its intensity, and thus fail in their object, while, on the contrary, if it be slight, they diminish its force, and thus prolong the act of elimination. This has been peculiarly observed in thin patients, and in those in whom the eschar is dry and hard. "Finally, as antiseptics, the chlorures are more injurious than otherwise, whenever the gangrene depends upon an excess of inflammation, and when the latter, notwithstanding the death of a certain extent of tissue, persists to a high degree. The chlorures of the oxides of sodium and calcium are more specially applicable to burns of the first and second degree. At first M. Lisfranc was apprehensive of the intensity of the inflammation; but experience soon proved, that these remedies succeeded equally well in cases where the inflammation merely occupied the surface of the skin. The chlorures generally employed in cases of burns are at 3° (chlorometer of Gay Lussac); but the inflammation and idiosyncracy of the skin may require modifications. If the chlorure, at the degree mentioned, does not produce any sensation, it is not active enough. M. Lisfranc increases it to 4°, 5°, or even 6°. If, on the contrary, the application of the chlorure determines an itching heat, and a little pain, not lasting more than half an hour, the medicine is too strong and may augment the inflammation; the dressing must be removed, and a solution at one or two degrees employed. Finally, in order that the chlorures should produce the desired effect, the heat and itching sensation which they occasion, should not last more than five, ten, or fifteen minutes. In the commencement of his experiments, M. Lisfranc applied the chlorure equally over all parts of the burn, but he soon perceived that the cure was much more rapidly attained in all points where the rete mucosum had been exposed; hence the remedy acts with less efficacy through the epidermis, and it is advisable, whenever it can be done, to remove this insensible layer of the skin.

The whole surface of the burn is first covered with a compress perforated in many places; above this a mass of charpie, at least two inches thick, and moistened with the chlorure, is placed; the whole is retained by a bandage. During winter, when the surface of the burn is very extensive, and the patient lies in a state of excessive stupor, the riddle-shaped compress should be warmed before it is applied; and according to the temperature of the atmosphere, the apparatus is to be moistened six or eight times per day. The dressing should be renewed every twenty-four hours.

M. Lisfranc was conducted to the employment of the chlorures by the following circumstances. Some patients were affected with burns of the first and second degree, extending over at least two-thirds of the surface of the integuments. On the first day he followed the precepts recommended in surgical works; he opened the phlyctenæ at the lowest point, and applied goulard, cerate, and charpie: the following day the inflammation had acquired an immense degree of intensity; the fever was high, and the effects of the reaction on the intestinal canal were visible: the patients were stupid, and exhibited the indifference peculiar to their situation in this state. Surgeons consider individuals thus affected as beyond the reach of cure. Under these circumstances, M. Lisfranc, who had already used the chlorures in cases of inflammation complicated with ulcers,

thought of trying them, and succeeded in saving his patients. Since that period he has been equally fortunate. The following conclusions may be drawn from the principles laid down in the memoir before us:

1st. That the chlorures of the oxides of sodium and calcium, employed, according to the indications laid down, against burns, dissipate almost completely the pain, diminish the inflammation and innervation, and prevent any injurious reaction on the economy.

2nd. That they often produce the cure of patients who would have certainly died with the ordinary measures.

3rd. They hasten the cure and fall of the eschar, and produce much better cicatrices.

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5. SULPHATE OF ALUM AND POTASS IN SORE THROAT AND SOME OTHER MUCOUS INFLAMMATIONS.

M. Velpeau, of *La Charité*, read before the Royal Academy of Medicine, on the 16th of March last, a paper on this subject. Having been witness of the excellent effects obtained by M. BRETONNEAU at Tours, in several cases of severe epidemic angina, M. VELPEAU was desirous of trying whether the same means might not be successfully applied to the treatment of simple inflammatory affections of the throat. He has experimented with hydrochloric acid, nitrate of silver, and alum, and come to the satisfactory conclusion that not only the malignant forms of angina are arrested by the application of alum, but also those depending on small-pox, scarlatina, &c., and those of a simple inflammatory nature. Twenty-five individuals were submitted to the treatment, and, in all, the inflammation, which was characterized by redness, pain, fever, &c., was arrested at once. When employed in powder, the alum is applied most readily on the index finger of the surgeon. It is necessary that all the affected points of the pharynx should be covered with a layer of the substance; hence when the inflammation is extensive, the finger must be moved at various returns round the parietes of the back of the mouth. The application is to be repeated, according to circumstances, once, twice, or three times a-day. During the interval the patient is to gargle the throat with a solution of two to four scruples of alum to four ounces of honeyed barley-water. The application commonly determines cough, nausea, &c., but these and the disagreeable taste of the alum soon go off; the pain and fever almost universally commence to diminish after the first or second application, so that on the second or third day the patient is in a state of convalescence, the most remarkable effect being the sudden cessation of the fever, and the change in the timbre of the voice. In slight cases of inflammation, gargles with alum are generally sufficient for the cure, but in more severe and violent attacks the powder must be placed in contact with the affected membrane without delay.

The above observations, which we have considerably abridged, are followed by fifteen cases of angina cured by the immediate application of powdered alum; the only remarkable circumstance is the rapidity with which this medicament operated, even after bleeding and other antiphlogistic remedies had been employed with little effect.

[An account of the paper of M. Piedagnel will be found in the first page of the present LANCET.]

In the *Journal des Connaissances Medico-Chirurgicales* for March and April, we find,

1. An Essay on Mercurial Salivation, by PHILIP RICORD, surgeon to the Venereal Hospital.

2. A Paper on the Determination of the Different Species of Scapulo-Humeral Luxations, their Anatomy and Treatment, by M. SEDILLOT, demonstrator at *Val-de-Grace*.

MERCURIAL SALIVATION.

M. Ricord, whose extensive experience in the treatment of venereal diseases renders his opinions well worthy of attention, considers the salivation produced by mercurial preparations to be the result of a peculiar form of inflammation, which he proposes to call "stomatite mercurielle." According to him the salivary glands are not the parts first affected; the salivation is always preceded by a peculiar disposition of the gums, teeth, and tongue; the glandular system being affected secondarily.

There are several circumstances which favour particularly the development of mercurial stomatite. In the first place some preparations of mercury are much more active in this respect than others, and experience shows that the insoluble preparations possess the salivating property more highly than the soluble: thus calomel ranks in the first place.

The quantity of the medicament, and the duration of the treatment necessary to develop mercurial stomatite, are very variable; this is a proposition so familiar to English practitioners that we shall not enter into its consideration with the author; we have seen salivation determined by much smaller doses of calomel than M. Ricord mentions. As to the period, salivation sometimes begins in twenty-four hours. M. Ricord considers five days as the average time; but occasionally two or three months pass over before the salivary glands become sufficiently affected. Finally, in more rare cases, salivation does not appear before the expiration of six months, as the author has once seen; or even twelve.

The manner of administering mercury is also to be taken into account; a dose of twelve or fourteen grains of calomel produces merely one or two stools, while the same quantity given repeatedly, in small doses, determines heat of the mouth, tender gums, &c.

As experience proves that salivation is less likely to occur the more freely the different secretions take place, it is natural, if we would avoid the inconveniences of salivation, to favour by all the means in our power the transpiration from the skin; to keep the bowels well open, to use a multitude of precautions, which, if neglected, become so many predisposing causes of the affection.

After a brief but very clear and excellent description of the symptoms accompanying mercurial stomatite, the author directs attention to the chronic form of the disease, which, he remarks, exposes much more readily than the acute, to errors of diagnosis, for the ulcerations are easily confounded with syphilitic ulcers In some cases the inflammation of the gums is slight, without any ulceration, and here it is absolutely necessary to ascertain the immediate cause of the disease, for M. Ricord has seen an affection of an exactly similar kind arise from caries of the teeth. Mercurial preparations also give rise to certain ulcerations of the cheek and gums, accompanied with very little inflammation, and which may thus be mistaken for syphilitic sores: however, in a great majority of cases, the disease only becomes chronic after having committed more or less ravage in the different parts of the mouth. The effects are often of an extensive and severe kind; hence it is of importance to examine how the mercurial stomatite may be prevented.

One of the chief means is the prudent administration of mercury: the state of the secretions should also be carefully regulated, and the patient kept in a moderate temperature, avoiding every extreme of heat and cold.

Certain medicines have from time to time been proposed as correctives of the mercurial action: thus Ranlin advised the union of camphor with the ointment, but experience has not confirmed the value of this remedy. The same remark may be applied to sulphur: opium, in diminishing the general susceptibility, is advantageous, but can not be relied upon as an infallible means.

The chlorure lozenges lately recommended, are more proper to correct the scorbutic state of the mouth than neutralize directly the action of mercury. Some surgeons have attempted to destroy the inflammatory condition of the gums, either by local astringents or by revulsives. But purgatives are one of the most efficacious means we possess. There is another remedy which M. Ricord thinks worthy of a special notice. This is the hydrochloric acid: it is rare to see the symptoms characterizing the invasion of mercurial stomatite persist after one or two local applications of this acid: in ninety times out of a hundred, this superficial cauterization of the mucous membrane is sufficient to prevent the bad accident of salivation.

But if the disease have made too great progress to permit its being arrested, the surgeon must endeavour to mitigate the symptoms by the means commonly used against other acute affections, viz., general and local bleeding, emollients, revulsives, &c. When the stomatite has passed into the chronic stage, we must substitute astringent gargles, blisters, &c.; and, lastly, if the ulcerations be obstinate, cauterization with the nitrate of silver or hydrochloric acid is to be employed.

Finally, in order to remove the cause which keeps up the ulcers, M. Ricord is in the habit of covering the teeth with little lozenges of gum and opium, paste of mallows, &c., and has thus succeeded in curing ulcers which had resisted every other means.

NEW OPERATION FOR THE RADICAL CURE OF HERNIA.—M. GERDY, Surgeon to the *Hopital St. Louis*, Paris, communicated to the Academy of Medicine, on the 7th of April, the following method to obtain the above object. It consists in pushing, with the extremity of the finger, the skin, which is to be reversed, and doubled on itself, like the finger of a glove, while it is forced into the hernial orifice and canal. 2nd. In fixing the bottom of this sacciform prolongation to the anterior parietes of the hernial canal by three or four points of suture. 3rd. Causing inflammation of the sac thus formed, by ammonia, so as to produce adhesion of its sides and obliteration. 4th. Finally, and to make the success of this operation more certain, the exterior opening of the inverted sac may be closed by a few points of suture. This operation, which is but little painful, very innocent, and which may be performed without making a single incision, closes the hernial orifice and canal by a solid plug of skin. M. Gerdy has just performed it with success at *St. Louis*: in the case of the first patient operated on on the 12th of March, the adherences were complete on the 7th or 8th day, and the hernia is now radically cured. A second patient was operated upon on the 27th with equal success.

THE LANCET.

London, Saturday, April 18, 1835.

WHEN we stated last week that the paragraphs which have appeared on the subject of certain proposed changes in medical law, were the effusions of persons whose desire to do mischief exceeded their ability to accomplish their designs, we had not the remotest intention of casting any reflection or imputation on the character or independence of the editors of the newspapers in which they had been inserted. Whatever we may think of the pernicious interference of the spirit of party in often preventing some of these gentlemen from discharging their duty to the public in a strictly impartial manner, we never believed for a moment that they entertained a wish that the abuses of the medical profession, or, in fact, of any other profession, should continue to thrive under the fostering care and nurture of bands of incorporated corruptionists. We regret, therefore, to find that the editor of the *Morning Advertiser* should imagine that THE LANCET attributed to him, as well as to his contemporaries, the manufacture of such false and trashy paragraphs as those which have recently appeared in print concerning an "Apothecaries' Bill," now *said* to be before Parliament. This was not our object. The matters which daily press for notice on the minds of the editors of political journals, are fully sufficient to require all their care, and absorb all their attention, without allowing them to devote any share of it to the subjects of the practice of medicine and medical law. At the same time, as they show, by the contents of the columns of their journals, a very praiseworthy and commendable desire to communicate to the public articles of intelligence connected with the progress of the sciences and literature, we thought that we should be rendering the editors of newspapers a service by pointing out to them the manner in which their confidence is abused by some scribbler or scribblers, the internal evidence of whose effusions exhibits on most occasions the best proof of the frauds which they are desirous of practising. Plunged as are the conductors of the daily newspapers in the deep and violently agitated ocean of

state politics, it cannot be expected that those gentlemen should themselves indite paragraphs on matters which strictly and legitimately belong to such a profession as that of medicine. The information which they must communicate to the public on subjects of that description is necessarily derived from other sources, and it was our purpose in the last LANCET to purify such sources of knowledge, or to throw the impure ones into a state of desuetude. Beyond this object, in addition to that of disabusing the minds of medical practitioners of any erroneous impressions which may have been made by the paragraphs in question, we had no motive whatever, and, certainly, the last intention that actuated us in performing so easy a duty, was that of attributing to the editors of the daily press a desire to deceive either the community or the members of our profession regarding the labours of the Medical Committee of the House of Commons.

Having made this statement, in justification of our own purposes and feelings, and as an acknowledgment which was equally due to gentlemen on whom we had no thought of bestowing even an implied censure, we may remark that it has evidently been the design of the paragraph-mongers on medical affairs, to create, by anticipation, a general prejudice against those alterations in the constitution of our medical colleges, which are naturally suggested by the character of the evidence which has been taken before the Medical Committee. The abuses, however, which arise out of the present system of medical misgovernment are of such a frightful nature, and are so widely diffused in their influence and fatality, that they cannot be perpetuated by any labours which can be performed, whether in print or otherwise, by the hired agents of the incorporated monopolists. Still, these worthies, both employers and employed, work on in the benevolent hope that their labours may not be wholly profitless. Bestowing not one thought on the suffering patients in our hospitals, caring nothing for the intrigues which elevate incompetent men to the highest places in the profession, they hold, with a fatal grasp, even the most rotten portions of our public institutions, from a belief that if a capitulation be made by the assailants of corruption at any one point, the entire system will be broken up and destroyed for ever. Considering the wealth of our great medical institutions, colleges as well as hospitals, it is not by any means surprising that the power which seats in them confer, that the advantages which the wealth belonging to them bestows, should be sought after and acquired, through many succeeding generations, by particular families in hereditary succession. It is this close system which we seek to abolish. Hence the inveterate hostility felt by the numerous influential persons who have been and still are enriching themselves at the expense of the public, against every proposer of changes which are calculated to facilitate the progress of the science of medicine, or to lead to a more just and equitable distribution of the advantages which it is fully in the power of our medical institutions to bestow on the candidates for medical honours and emoluments.

If, then, the conductors of the most respectable portion of the newspaper publications in this metropolis will but exercise some little caution in the introduction of paragraphs relating to medicine, into their columns,—if they will generally exclude articles of a doubtful tendency, or emanating from sources which are liable to suspicion, they will promote the success of a cause which has been advocated, it is hoped, with some effect, for several years past, by a numerous body of scientific men in this kingdom.

We have now put on record in the pages of THE LANCET a faithful account of the Brenchley case, doing so with a fervent hope that it will ever continue to be unique in the annals of British medical practice. Since the date of the trial we have received many communications on the subject, several of them from the neighbourhood in which the transaction occurred, containing further statements relative to the proceedings, which induced us to delay for a short time a final notice of the affair. These, upon deliberation, however, we withhold, but as the name of Mr. MONCKTON, senior, has been occasionally, though indirectly, mentioned in some of the notices of the case which have appeared in various journals, we feel it due to that gentleman to state that in his professional capacity in the district in which he practises, he is universally respected. The duties of an able surgeon and a kind medical friend have been assiduously performed by him in and around Brenchley for more than forty years. Of Mr. JONATHAN MONCKTON we have nothing further now to say, but that,—save in connexion with the proceedings in which he has, unfortunately for himself, held so prominent a position,—he is and always has been a stranger to us. But although he belongs to a class of the medical profession whose interests THE LANCET will not be accused, even by the bitterest of its foes, of having in any one instance neglected, we could not consent to dishonour that class, or to undermine the foundation on which it proudly claims the confidence of the community, by concealing the error of which he had been guilty, from public view. If there be in the profession one malignant scoundrel who *in pretence* is the friend of surgeons in general practice, but who *in fact* is the deadly enemy of that great mass of practitioners, *he* and he *only* can attempt to show that the conduct of Mr. MONCKTON is capable of palliation in any one particular which has distinguished this most grievous and deeply-to-be-regretted transaction.

Mr. F. VYVYAN LUKE, of Stalbridge, in Dorsetshire, has addressed a letter to us in which he states that "a set of vagabonds are now proceeding through the country, inoculating with the matter of small-pox in their progress, every child whose parents can be persuaded to submit their offspring to the operation." Great anxiety, Mr. LUKE says, has been created amongst the intelligent portion of the community resident in those districts which the disseminators of the poison have visited, as large numbers of persons have proved to be so ignorant of the effects of the practice, and the blessings of vaccination, as to yield to the solicitations of the inoculators. One of the objects of Mr. LUKE in writing to us, is that of ascertaining what legal measures can be put in force against the mercenary scoundrels who are guilty of these wicked operations. We are sorry to inform our correspondent that in the present state of the law there is no mode of preventing, by a resort to legal proceedings, the perpetration of the nuisance of which he so justly complains. Publicity given to the fact may excite the humane interference of influential and well-informed persons in opposition to the inoculation, but other means of prevention there are none.

A CORRESPONDENT informs us that a member of the medical profession who has taken a leading part in the effective efforts which have lately been made to convert the close and corrupt vestry of the parish of St. Martin's Fields into an open deliberative assembly, has since also been prominently instrumental in the removal from office of the gentleman who had filled the post of parish surgeon during a period of more than ten years, with invariable diligence and skill,—the advocate of the open vestry himself immediately afterwards obtaining the appointment to the vacant office. Our correspondent regards this proceeding as a highly unprofessional act, and such it seems to be, apart from the light of a justificative explanation, which we will afford the transaction an opportunity of receiving in our pages, if it be capable of vindication.

KENT SPRING ASSIZES, 1835.

THE KING, on the prosecution of JAMES ROBERTS, *against* JONATHAN MONCKTON, Surgeon, and NATHANIEL HARPUR ARTHY, clerk, for an assault.

THE indictment in this case stated that *Jonathan Monckton*, of Brenchley, in Kent, surgeon, and N. H. Arthy, late of the same place, parish-clerk (and who now traversed until the next assizes), did on the 12th of February, 1835, assault *James Roberts* the younger, and wound and illtreat him, to his great injury. The case was tried at Maidstone before Mr. Justice GASELEE, and was stated as follows, by

Mr. Sergeant ANDREWS for the Crown. The prosecutor, James Roberts, is a pauper in the workhouse of Brenchley, and is sixteen years of age. The defendant Monckton is a surgeon in Brenchley in partnership with his uncle Stephen Monckton, and the two, in conjunction with Mr. John Outteridge, hold the office of surgeons to the parish, Messrs. Monckton taking one district and Mr. Outteridge the other. The poorhouse is always attended by Messrs. Monckton, as it is close to their residence. Mr. Arthy is a clergyman, an intimate friend of the defendant Monckton, and formerly was tutor to the children of a widow lady named Ruxton, whom he afterwards married, but subsequently separated from, residing afterwards at Broad Oak, in Brenchley, a property belonging to the late Mr. Ruxton's eldest son, who is yet a minor. *Roberts* was three or four years in the workhouse under the medical care of the defendant Monckton, for stone in the bladder, for which the defendant cut him in March 1834, without extracting the stone, which continued to torment him. The father of the boy, however, objected to the defendant again operating on his son, though, at the instance of Mr. Outteridge, he was persuaded to ask the overseers, Messrs. Joy and Veness, to send him to Tunbridge Wells, to Mr. Hargraves, to undergo lithotrity. To this the consent of the boy himself was obtained, though he positively refused to let Mr. Monckton again operate on him. Two days after the consent of the overseers was finally obtained to this proposal, Mr. J. Monckton chanced to be at the house of Mr. Joy, and was there informed of the arrangement, and told that the boy was to go on the following Friday, at an expense of ten shillings a week to the parish for his board. At the same time Mr. Monckton was informed of the resolute determination of the boy not to be again operated on by him, the defendant. No objection was made by Mr. Monckton to the journey of the boy to Tunbridge Wells, or the performance of the operation there, but he remarked that if the expense of the visit exceeded ten shillings a week, he, as a parishioner, should object to it. The boy went, was sounded, and consented to the operation by Mr. Hargraves, who, however, desired first of all to communicate with Mr. Monckton on the subject. Moreover he had then no bed ready for the boy in the Dispensary. Accordingly he wrote to Mr. Outteridge and Mr. Monckton, gave the boy some preparatory medicine, and sent him back with a direction to the master of the workhouse to bring him over again on that day week. The next day the boy met Mr. Monckton at Matfield Green, and stated to him (on being questioned) what had passed at the Wells. Thursday the 12th of February arrived, the day before that which had been fixed for Roberts to revisit Mr. Hargraves. On that day his mother visited him at the workhouse, and found him cheerful, and confident in the success of the operation; but immediately after the mother had quitted the premises, the two defendants entered the work-house, when Mr. Monckton directed the master to tell the boy that the Rev. Mr. Arthy wanted to see him, requesting him to name Mr. Arthy, because the boy, as Mr. M. said, always "shyed" him, Mr. M. The master hesitated, and said (in Mr. Arthy's hearing), that the boy was to go to Mr. Hargraves on the following day, upon which Monckton ordered him at once to fetch the boy, which he did, from the kitchen, but the moment the boy got to the door of the room, he suspected, from catching a glimpse of the parties and preparations within, the real object of the message, and drew back to return. The master was then ordered to force him in, but he declined, saying he would have nothing to do with it, whereupon Monckton got hold of the boy and dragged him into the room, though the boy clung to the door-posts, protested against the seizure, told him that he dared not do it in face of the overseers' intention to send him next day to Mr. Hargraves, and shrieked violently for help. Once imprisoned in the room, Mr. Monckton guarded one door and Mr. Arthy another, to prevent the boy's escape, and Mr. Monckton sent Russell (the master) to his (Mr. M.'s) surgery for four men, Eagles (Mr. Arthy's servant), Bridger (servant to Monckton, jun.), and Harrison, and W. Joy (the servant and gamekeeper of Mr. Monckton, sen.), who he said were in waiting there, and who forthwith attended the order.

Monckton then told the boy to pull off his shoes and trousers. The boy refused to do so, upon which Arthy said he would cut them off. Still refusing compliance, the four men seized the boy, stripped him of his lower garments, forced him on the table, and there held him against the continued appeals and prayers of the boy that the operation might not be performed. Finding he could not escape, he asked for something to "numb him," and Monckton gave him something professing to have that effect. Monckton then made an incision, aided by Arthy, who assisted with his finger up the rectum, and both attempted to extract the stone. During the attempt the boy raised his head to repeat his intreaties, when Arthy told him that if he did so again he would give him a knock to make him keep it back, and that if he did not cease crying he would get a pail of water and throw it over him, and tie up his mouth with a handkerchief. At the same time he told one of the men to take the pillow from under the boy's head, that it might fall back, but the man refused to do so, the boy urging that its removal would make him sick, upon which Arthy himself took it away. Arthy then offered him half-a-crown to lie still while they were operating. The attempts to reach the stone having failed, Monckton said his instruments were insufficient, when the boy was placed on his feet, the men supporting him, and told to make water to force the stone down again, as it had slipped away from the defendant's fingers, but he could not urinate. Arthy said, if he did not get the stone down, they "would go into the bladder after it." Monckton and Arthy then departed to search for other tools, for which several persons in the village were applied to, one of them lending a pair of barber's curling-irons, which were taken to a forge, and there shaped by a blacksmith into a kind of forceps. In ten minutes Monckton returned, and soon after Arthy re-appeared, the boy again most strongly protesting against the proceeding, and saying that he had already nearly been killed. The result was a conference between the defendants, Monckton attempting to keep the newly-procured tool out of sight; after which, with one further vain attempt to extract the stone by the finger, the boy was conveyed to bed, and the defendants departed.

The whole of the facts stated in the foregoing case were proved by the evidence of witnesses, on the trial, with the exception of the facts respecting the identity of the instrument procured in the village, the boy not knowing, up to the time of the operation, what the term "curling-irons" meant, but Arthy, at the examination before the magistrates, admitted the circumstance of their procuration, and their alteration at the blacksmith's. They were not used at the operation. The witnesses were, *Roberts*, the boy; *Joseph Moon*, a resident in the poor-house, who overheard the assault; *Thomas Russell*, the master of the poor-house, who was too ill to be present during the operation; and *George Joy*, the overseer.

[Other instructions given on behalf of the Crown to the counsel were to the effect that Roberts had been exposed to this ineffectual suffering and danger from a desire that Mr. Hargraves should not operate on the boy, and that the appeal was made to a Jury on the ground that if not protected by their verdict, a similar forcible attempt might be again made with as little success or a fatal result. It was also stated by the parish that the father, feeling that his son had been improperly and cruelly treated, had laid an information before the magistrates against the two defendants for the assault; but that the influence of one of the parties was so great in Brenchley that it was only with the greatest difficulty, and not without an adjournment and official summons, that the witnesses could be induced to attend the examination. The Bench, with the evidence of these unwilling witnesses before them, dismissed the defendant Arthy, without, however, giving him the usual certificate under the 9th of George IV. cap. 31, sec. 27, and held the other defendant in recognizance to appear at the ensuing assizes, to answer any indictment that might be preferred against him. On the 12th of March a vestry meeting was held in Brenchley to consult on the case, when it was resolved that both Mr. Monckton and Mr. Arthy should be prosecuted at the expense of the parish.]

The case for the prosecution having closed, Mr. Bodkin, the counsel for the defendants, put it seriously to the learned judge, whether there was any case fit for the consideration of the jury. The learned judge replied that *he thought there was.*

Mr. Bodkin then addressed the jury. He said that this was the first time, during the exercise of his profession by the defendant for eighteen years, that "the breath of slander"* had ever tainted the professional fame of the defendant, the

* "The breath of slander." This also is the language of Dr Macleod of *St. George's Hospital* applied, week after week, to the statements of facts which have appeared in The Lancet relative to the assault, and now, all of them, proved in evidence, except the allegation that the curling-irons were used.

worst which could be said of whom was, that he had tried to cure the boy. He deprecated the "new-fangled operation of lithotrity," although its invention had "almost immortalized" its author, and said that "the injuries done by the fangs of the lithotritic instrument to the bladder," had since caused its use considerably to decline. He then contended that as Mr. Monckton had been attending the boy and found that the stone was in a favourable position for being removed, he immediately availed himself of the favourable opportunity, and was justified in using a little friendly force to overcome the fear and frowardness of the lad, whose struggles prevented the success of the operation. He also contended that Mr. Monckton had never received any regular intimation from any one that the boy had been withdrawn from his care. He concluded by calling the following witnesses to character:—

Mr. *John Prince*, surgeon, of Tunbridge Wells, who had been in business there for forty years. Had known Mr. J. Monckton fifteen years, and had seen him perform many operations. He believed that all his operations had been successful, and said that Mr. Monckton was in private life a kind-hearted benevolent man.

Mr. *Richard Wedd*, surgeon, of Maidstone, gave similar testimony, as did also Mr. *Parton*, miller, of Maidstone, who had lived at Horsmonden, and the *Rev. Mr. Lemon*, resident clergyman of Brenchley.

The *Maidstone Gazette* thus reports the summing up, verdict, and subsequent remark, of Mr. Justice Gaselee:

"The Learned Judge, in charging the Jury, observed, that the Jury were not called upon to say whether the defendant had conducted himself with skill and humanity, for if such was the question, no gentleman would go out of court with his character in that respect less affected than Mr. Monckton. The indictment did not affect his integrity or charge him with neglect of duty, but with an assault upon James Roberts. That was the only question they had to try. If Mr. Monckton had persisted in performing that operation upon the lad without the consent of the lad himself, his father, or the overseers;—if he had done so, that amounted, in point of law, to an assault, whether it had been done to benefit the boy or not. He believed that such a case had never before come into a court of justice, and he heartily wished it had not done so now. It was a matter of regret, not only as it respected this gentleman individually, but the whole medical profession; for he was bound to say, that he did not know a profession who were of greater benefit to mankind, and who were more ready to devote their money, their time, and their attention, to the interests of the poor. He believed that the boy had spoken the truth, and if he had there was no question about their verdict. If, however, it might be thought, after a consultation with his learned brothers, that his view of the case was not correct, he should most willingly put the matter into a train of investigation.

"The Jury almost immediately found a verdict of Guilty.

"The Learned Judge said, that he thought the justice of the case would be satisfied by the defendant being bound in his own recognizances to appear and receive judgment, if, on consideration, the court above should think that it was necessary to call upon him."

We quote from the above paper, because a somewhat different version of the declaration of the Learned Judge has appeared in our pages, and been impugned; we here give, however, a statement relative to the decision of Sir S. Gaselee, from the pen of a member of the legal profession, who was in court during the trial:—"Sir S. Gaselee considered the "case to be of too much importance "for him to pronounce judgment until "he had conferred with his brother "Judges for the purpose of determining "whether it would not be proper to mark "this case as the first of the kind yet "tried. He, therefore, held the defendant "Monckton in recognizance to appear "and receive judgment when called on."

MARY ANN BURDOCK, who was committed for trial some months since at Bristol on a charge of having destroyed an aged female, a resident in her house, with arsenic, fourteen months previous to the accusation of the crime being preferred against her, was, on Monday last, tried at Bristol, found guilty on the clearest evidence, and ordered for execution on the following Wednesday, strongly protesting against the justice of the verdict.

CORRESPONDENTS.

Mr. Coley has, we think, committed many errors in the arguments which he has raised in favour of the extraordinary power assumed by the Poor-Law Commissioners in legislating (no word more aptly applies to the exercise of their powers) for the medical care of the sick poor, but this week we have not room to endeavour to set him right on the subject, by making some remarks on his letter.

ERRATA.—In Mr. Plumbe's last communication, page 50, line 16, *for* ingredient *read* pugnent. Page 51, line 21, *for* silky firmness *read* silky fineness.

In Mr. Everitt's letter, page 32, col. 2, line 25, *for* red hydrocyanic acid *read* real hyd. acid.